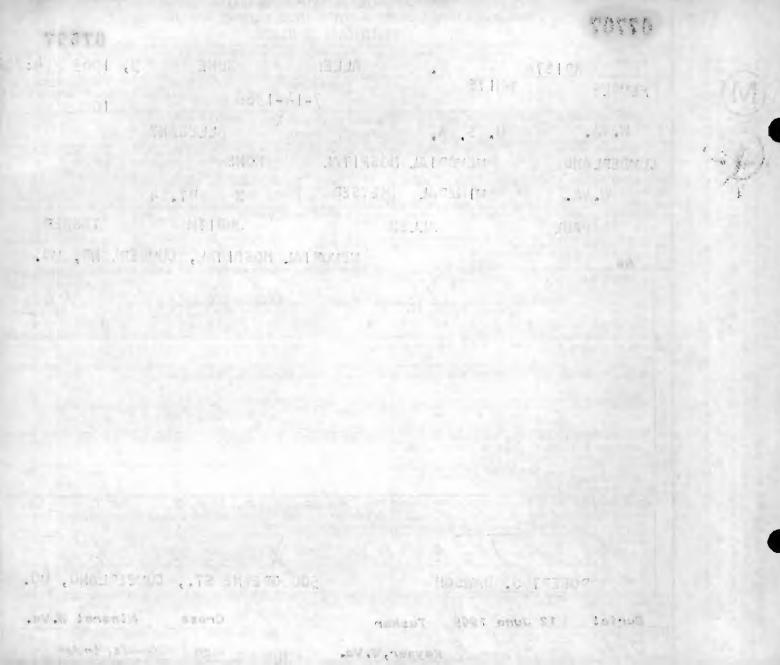
62702		, 301 W. PRESTON STREET, BA		
04101		CERTIFICATE OF DEATI	H	07697
I. DECEASED-NAME (Type or print) KRIS	TA D.	ALLEN .	JUNE Manth 9	Poy 1969 4:20
3. SEX FEMALE	4 WHITE	5. DATE OF BIRTH 7-14-15	968 6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
7o. BIRTHPLACE (State or foreign country) W. VA.	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH ALLEGANY	Mo
10. CITY OR TOWN OF DEATH CUMBERLAND	ailate (Olest) VT	HOSPITAL during	SUAL OCCUPATION (Kind of work don Good working life, even if refired	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where decendences) STATE VA	ased lived, if institution: Residence before	REYSER 13d. INSIDE CO	NO X RT. 4	
14. FATHER'S NAME First PAUL	Middle Last	N 15. MOTHER'S MAIDEN NAM	First JUDITH Middle	TASKER
16a. WAS DECEASED EVER IN U.S. AF Yes, no, or unknown) (If yes give	RMED FORCES? wor or dates of service) 16b. SOCIAL SECURITY	NO. 17. INFORMANT MEMORIAL H	OSPITAL, CUMBE	RLAND, MD.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF			7 days
190. DATE OF OPERATION 1995	. CONDITION FOR WHICH OPERATION WAS PI	REFORMED 200. AUTOPSY? YES NO	CALIFEE OF DEATHS	S CONSIDERED IN CERTIFYING
21a. ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE OF OE  (If either, notify medical exam	ATH HOUR A.M. Month Day Year		nter nature of injury in Part 1 or Part	2, Item 18.)
≥ 21d. INJURY OCCURRED 21d While Nat while at wark	PLACE OF INJURY ( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		No. City or Town	County State
saw the deceased	his haspital) attended the deceas alive an e, (I) (we) (did) (did nat) view the	19 6 and that in (my) (our)	ppinion death occurred on the	1967, that (I) (we) los date and haur and from the 2c. DATE SIGNED
22d. PHYSICIANS NAME Uype) POBET	JAMSON	ATTENDING PHYS.  22e. ADDRESS GR	MED. STAFF DIRECTOR PHYS.	S/11/69 ERLAND, MD.
REMOVAL (Specify) Burlal 1	2 June 1969 Tas	CEMETERY OR CREMATORY		(Caunty) (State)
24. FUNERAL DIRECTOR	ADDRESS	25g RECT	D BY REGISTRAR 256. REGISTRAN	DIC SICHATURE



3. SEX FEMALE WHITE S. DATE OF BIRTH SOUNTY OF DEATH SOUND OF DEATH CUMBERLAND  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital duriph roos processing life, even if retired.)  12b. KIND OF DEATH SOUNTY OF DE		07699	
TEMALE  WHITE  10-23-89  Total biddings of the		Yeor 69 H:	Yeor 69 H:
13. MARY LAND   U.S.A.   WIDDRED   DIVORCED   DIVORCE			
CUMBERLAND    Sive STAICRES   HEART HOSPITAL			
A FATHER'S NAME   First   Middle   Last	rome	b. KIND OF BUSINESS	white home
14. FATHER'S NAME   First   JAMES   EDWARDS   IS. MOTHER'S MAIDEN NAME First   Middle   EDWARDS   IS. MOTHER'S MAIDEN NAME FIRST   IS. MOTHER'S MAIDEN NAME FIRST   Middle   EDWARDS   IS. MOTHER'S MAIDEN NAME FIRST   IS. MOTHER'S NAME FIRST   IS. MOTHER'S NAME FIRST   IS. MOTHER'S NAME FIRST	Green	ng Green	ng Green
Yes, no Nourknown)    (If yes give word or dates of service)   217-10=4674   SACRED HEART, SETON DR., CUMB., MD. 21     18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   APPROXIMAL SETIMENT OF THE PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   DUE TO, OR AS A CONSEQUENCE OF COnditions, if any, which gove rise to immediate couse (a), stoting the underlying cause (b)   DUE TO, OR AS A CONSEQUENCE OF (c)   DUE TO, OR AS A CONSEQUENCE OF (d)   DUE TO, OR AS A	lost ARDS	EDWARDS	
PART 1. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (a)   CLUBER Led outcorrelling	1502	D. 21502	21502
OR CONTRIBUTING CAUSE OF DEATH  If either, natify medical examiner)  21d. INJURY OCCURRED  While Not while at wark  22a. I certify that (I) (this haspital) attended the deceosed from 19 49, and that in (my) (aur) apinian death accurred an the date and have a causes stated obove, (I) (we) (diel) (did nat) view the body ofter death.  22b. SIGNATURE  DEGREE ATTENDING DIRECTOR PHYS. 22c. ADDRESS  22c. ADDRESS	ONSET AND GEATH	BETWEEN ONSET AND OF	SETWEEN ONSET AND GE
OR CONTRIBUTING CAUSE OF DEATH    OR CONTRIBUTING CAUSE OF DEATH   OF ICA   19   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)   21f. LOCATION Street or R.F.D. No.   City or Town   County	CERTIFYING	RED IN CERTIFYING	RED IN CERTIFYING
While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from 19 69, and that in (my) (aur) apinian death accurred an the date and haur a causes stated above, (I) (we) (did) (did not) view the body ofter death.  22b. SIGNATURE  DEGREE ATTENDING MED. STAFF PHYS. 22c. ADDRESS  22c. ADDRESS		6.)	3.)
causes stated obove, (1) (we) (died) (did nat) view the body ofter death.  22b. SIGNATURE  DEGREE ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. 22c DATE SIGNED  22d. PHYSICIAN'S 22e. ADDRESS	State	,	,
DEGREE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. 22e. ADDRESS	r and fram	_, that (I) (we id have and from	_, that (I) (we d havr and fran
	9	IGNED ?-69	GNED -69
	,	)2	)2
230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)  EMOVAL (Specify) 6/20/69 Eckhart Cemetery Eckhart, Allegany M.  24. FUNERAL DIRECTOR H Wayne Geograp ADDRESS MD. 21502 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	(Stote) Maryla	ry Maryl	ly Maryl

06 17 40 1 :38

J(3/**3**(3)) 1. 21.11

SOUNDE HELON 'TI (SEMP) SOUVER

217-10-1674 SACKED HEAT, SELECTION, CLYLE., Mb. 21507

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	1	07709	DIVISION OF VII		THE DEPARTMENT OF		
		07703	DIAISION OF AII		FICATE OF DEATH	TIMORE, MARYLAND 21201	07700
÷	= <del>2</del> =	I. DECEASED-NAME	First	Middle	Last	20. DATE OF DEATH	- 25. HOUR
dea	funeral s 1 and 2 fer death.	(Type or print)	RRY	R.	ASH	06 Manth 30 Da	69 Year 10:30A
e	ter Ter	3. SEX	4. RACE		5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
s of	by the fun Fages 1	MALE	WHIT	E	11-5-96	last birthday)	MONTHS DAYS HOURS MIN
10	[ <b>計</b> ]	7a. BIRTHPLACE (State ar fareign	76. CITIZEN OF WHAT	OUNTRY? B. MAR	RIED NEVER MARRIED	9. COUNTY OF DEATH	
within 24 haurs after death	E SE	MARYLAND	UNITED :		WED DIVORCED	ALLEGANY COUR	JTV A
	oan pape within 7	10. CITY OR TOWN OF DEATH	give street	OF HOSPITAL OR INSTITUTION address)		UAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
3		CUMBER LAND,	MD. MEMO	DRIAL HOSP		most of working life, even if retired) ITRED*KELLY ST	INDUSTRY CO •
	E also	admission) STATE MD	13b COUNTY ALLEGA		Y OR TOWN 13d. INSIDE CITY  INTSTONE YES K	NO 13e. STREET AND NUMBER	
	The same	14. FATHER'S NAME First	Middle	Last	IS. MOTHER'S MAIDEN NAME	First Middle	last
	7 - /	JACK	SON	ASH	JENN		DIEHL
	physician of the please aval, and it	160. WAS DECEASED EVER IN U.S	ARMED FORCES? 16b	SOCIAL SECURITY NO.	17. INFORMANT	Address	DIGIT
hire	val,	Yes, na, ar unknawn) (If ye	2	14-05-9954	MEMORIAL HOS	SPITAL CUMB. N	m.
attending p	transit permit. Then pl crematian, or remaval,	18. CAUSE OF DEATH (Ent	er anily one cause per line to	(6), (b), and (c).)	1-1	1	APPROXIMATE INTERVAL BETWEEN ONSEP AND DEATH
ipud	or r	PART I. DEATH WAS C	AUSED BY: MEDIATE CAUSE (a)	reh	cent the	Employ	1-4
atte	an,	4339	L-3	CONSEQUENCE OF		1) 1=	
tho	ris in	Canditians, if any, which g		etral	laster	tal desea	
ģ	rran	stating the underlying ca	DUE TO, OR AS A	CONSEQUENCE OF			
signed by the burial-transit	burial,	last.					
Sign		PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(a)	
the the	Health priar to	NO DATE OF OPPOSITION	101	7			
as been as the	bud of	19g. DATE OF OPERATION	19b. CONDITION FOR WHICH C	PPERATION WAS PERFORMED	20a. AUTOPSY?	205. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
e h	長	210. ACCIDENT WAS UNDE	DEVINC TO THE OF THE	INV.	YES NOVE	]	
certificate has been the for use as the	He		FORTH HOUR A.M. M	anth Day Year	c. HOW INJURY OCCURRED (Ent	er nature af injury in Part 1 ar Part 2,	Item IB.]
erti	r of	☐ OR CONTRIBUTING ☐ CAUSE O (If either, natify medical ex 21d. INJURY OCCURRED	cominer) P.M.	DME, FARM, STREET, FACTORY 1 2	CONTROL CO.	***	
fter this certibe detached State Dept. a		While Not while	OFFIC	E BUILDING, ETC.	f. LOCATION Street or R.F.D. N	a. City or lowing	Caunty
	)	di Mork- di Mark	(this bassies) east	1	efry !	meg	May
<		saw the decease	(this hospital) attends	defeased from	and that in (my) (and or	inion deoth occurred on the de	that (I) (wa) to
OR:	ŧ	couses stated at	ove, (1) (we) (did) (did	view the body of	ter death.	Sumon deput/occorres/orrine of	are alla lioni old from tu
S sh	T M	22b. SIGNATURE	1////	1	MATENDING X	MCD 22c.	DATE SIGNED
DIR	P /	18/11	muca	mille	PHYS.	MED. DIRECTOR D STAFF PHYS. D	12/47
AL	be filed with the	22d. PHYSICIAN'S NAME Type)			22e. ADDRESS		/ /
NER	director, I	DR.		JAMS			
TO FUNERAL DIRECTOR: director, page 3 shauld	han		23b. DATE	23c. NAME OF CEMETERY		23d. LOCATION (City or Town)	(Caunty) (State)
5	2		7/3/69	Everett Pa		Everett Bedfo	
VR ALS	5 (4)	24. FUNERAL DIRECTOR	- W	ADDRESS		BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
45M	. 1/04	Silcox-Merrit	t runeral Ser	vice. Cumbe	riand, Madaidul	. 7 1969 Action	and I want

07779 00220 (Death 60, 00) 90 - 100 the state of the s THE RESERVE OF THE PARTY OF THE

1 1		EPARTMENT OF HEALTH TON STREET, BALTIMORE, MARYL	AND 21201	
STATE		CERTIFICATE OF DEATH		07701
1	DECEASED-NAME First Middle	Lost	20. DATE KNOWN Month	
	Marshall Warren	Barthalow	DEATH MATED June	28,1969
3	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yold state of the		2c. DATE PRONOUNCED DEAD	2d. HOUR
		YRS.	June 28 Doy 19	069 19 1:30a N
	b. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8.	WILDOWED DIVIDED D	NTY OF DEATH	
L	Penna. USA		Tlegany CUPATION (Kind of work done	126 KIND OF RUSINESS OF
. "	give street address)	during most of	warking life, even if retired.)	INDUSTRY
1	Frostburg Miner's Hospi  30. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c.	CITY OR TOWN 13d. INSIDE CITY LIMITS?	13e STREET AND NUMBER	pringfield
L	odmission) STATE 13b. COUNTY	intstone YES NO NO	Route 1	
14	Md. Allegeny F. I. FATHER'S NAME First Middle Lost	IS. MOTHER'S MAIDEN NAME First	Middle	Last
	Clay Barthalow		zie	Ruby
10	io. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	- AND J
	(Yes, no, or unknown) (If yes give war or dates of service) 216-22-5685	Ruth Fisher Barth	alow. Route 1.	FlintstoneMd
-	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	Add to 1 I Store I Dell on		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	Maceration of Brain	2	2 Hours
	DUE TO, OR AS A CONSEQUENCE OF			
1	Canditions, if any, which gave )	Skull Fracture		H
	rise to immediate couse (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF			
	lost.	(Auto Accident)		11
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(0)	
100	19a, DATE OF OPERATION 19b, CONDITION FOR WHICH	OPERATION	who by the state of the state o	20. AUTOPSY?
3	WAS PERFORMED?	I VI SIGNITURE		YES NO T
1	190. DATE OF OPERATION  196. CONDITION FOR WHICH WAS PERFORMED?  210. EXTERNAL CAUSE WAS  216. TIME OF INJURY Month, Doy, Yeor	21c. HOW INJURY OCCURRED (Enter notu	re of injury in Part I or Part 2. I	
	PRIMARY TOR CONTRIBUTING HOUR A.M. 6-27-69	Passenger in Auto		f.
1	PRIMARY TOR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  About 11.30 pm 6-27+69  21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street,	21f. LOCATION Street or R.F.D. No.	City or Town	County Store
	factory office building atr	es east from top Mar	•	mr. Maweland
	220. I certify that I took charge of the remains described o			
	deoth resulted from: Notural causes Accident			
	decili resorted from: Holorof couses ( Accident [4	CHIEF MEDICAL EXAMIN	_	
	ACTUAL Sendents Southern	M.D. ASSISTANT MEDICAL EXAMIN		SIGNED
1		DEPLITY MEDICAL EXAM	NERXX June 28.	
	EXAMINÉR'S BENEDICT SKITARELIC, M.D.		wn, or cou <b>Cumberlan</b>	
7	230 BURIAL CREMATION 23b DATE 23c NAME OF CEM		LOCATION (City or Town)	(County) (State)
	armonial to of h		naneysville, Bed	ford, Penna.
-	24. FUNERAL DIRECTOR	2So. REC'D BY RE	GISTRAR 256, REGISTRAR'S	SIGNATURE
	Chanles Hater 230 Botto Ave Ci	imberland Monattl 2	1969 Jellane	At Judge

\*\* The 27, 1969 1124 100:15 Copt ,03 entil

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Ar Jame DD, 1969 EMERIC STRUCTS, M.S.

7 1	07711 DIVISIO	N OF VITAL RECORDS, 301	TATE DEPARTMENT OF HI W. PRESTON STREET, BALTII TIFICATE OF DEATH		07702
death.	CEASED-NAME First MARGARET	Middle	Lost BEAL	JUNE Month 1 Day	1969eor 7 4 M
nours after death, to by the funeral Pages 1 and 2	FEMALE 4. RACE	WHITE	JANUARY 10,	1894 6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR SF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
n 24 hour	in:		ARRIED NEVER MARRIED DOWED DIVORCED	COUNTY OF DEATH ALLEGANY	Md.
Per distriction	TY OR TOWN OF DEATH ROSTBURG			OCCUPATION (Kind of work done story working life even if retired.)	125, KIND OF BUSINESS OR INDUSTRY
complete or y event	USUAL RESIDENCE (Where deceosed lived, if ssian) STATEMARYI.AND 13b. CO		CITY OR TOWN 13d, INSIDE CITY LIM  LOSTBURG YES NO	The street the transport	
	DAVID	iddle Last JONES	IS. MOTHER'S MAIDEN NAME FIN		LEWIS
ertificate by physician chen please aval, and in	WAS DECEASED EVER IN U.S. ARMED FORCES: es, no, or unknown) (If yes give war or dates of se	? 16b, SOCIAL SECURITY NO.	JACK BEAL,	Address ECKHAR	T, MD. 21528
requires that the death certificate be g physician. In signed by the attending physician are burial-transit permit. Then please a burial, cremation, ar remayal, and in	CAUSE OF DEATH (Enter only one couse     PART I. DEATH WAS CAUSED BY:     IMMEDIATE CAUSE (c)	10-0	sensation (	RUD	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  Zucles
equires that the death control physician. Signed by the attending burial-transit permit. The barial, cremation, ar rem	Conditions, if ony, which gove )	O, OR AS A CONSEQUENCE OF	ortenosal	erosis	years.
quires the physician. signed by burial-tran	stating the underlying cause DUE To lost.	D, OR AS A CONSEQUENCE OF			
requires ing physici no signed he burial-to burial.	PART 2. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART I(0)	
The law re attending to the hos been use as the latter to the hos been to the hos been to the latter		OR WHICH OPERATION WAS PERFORM	ED 20g. AUTOPSY?  YES \ NO.	20b. IF YES, WERE FINDINGS OF CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
PHYSICIAN: The e hospital ar atl his certificate ho stacked far use Dept. af Health		TIME OF INJURY R A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter)	noture of injury in Port 1 or Port 2,	ltem 18.)
ING PHYSICIAL by the hospital for this certific be detached fair state Dept. of H	21d. INJURY OCCURRED While Not while at work		21f. LOCATION Street or R.F.D. No.	City ar Tawn	Caunty State
	22a. I certify that (I) (this haspita saw the deceased alive an causes stated abave, (**)	did) (did not) view the bady	m	9, to 1, 19 ian death accurred an the da	te and have and from the
TAI OR ATTENE nay be retained AI DIRECTOR: A page 3 shauld be filed with the	22b. SIGNATURE John	B. Davis			DATE SIGNED 169-
10 HOSPITAL Page 4 may O FUNERAL I director, page shauld be file		DAVIS, M. D.	22e. ADDRESS 2: BROADW		, MD. 21532
TO HOSPIT Page 4 m TO FUNERA director,	BURIAL, CREMATION, 23b. DATE  JUNE 3	23c. NAME OF CEMETI FBG. MEM ADDRESS	ORIAL PARK	23d. LOCATION (City or Tawn) FROSTB	
VR A16 40	uneral director SEPH R. DURST. FROS		250. REC'D BY		SIGNATURE CONTRACTOR

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	- 1	1		anna A	DIVISION				EET, BALTIMO	ORE, MARYLAND 21201		
	•			0441%			CERTIFIC	CATE OF	DEATH		0770	13
	deoth.			CEASED NAME First ype or print) May		M.ddle Anna	В	lost eall	2	O. DATE OF DEATH  June Month 11 Doy	2	26. HOUR 127PM
	after of the first		3. SE		4. RACE	White		S. DATE OF BIF 7-20-8			IF UNDER 1 YEAR IF UNIONTHS DAYS HOU	NOER 24 HRS. JRS MHN
	hours in by rs. Per		_	RTHPLACE (State or foreign		OF WHAT COUNTRY?		NEVER MARI	KICD	OUNTY OF DEATH Allegany		
	certificate be executed within 24 hours after deoth a physician and completely filled in by network their please remove carbon papers. Programmovol, and in ony event, within 72 hours after death	ra,		Md. ITY OR TOWN OF DEATH The stand	USA	1) NAME OF HOSPITAL OR IN give street address) Lumberland	WIDOWED STITUTION (Hr Jursing	net in haspital	during most o	CCUPATION (Kind of work done of working life, even if retired.)	12b KIND OF BUSIN	
	complete	4	odmi	USUAL RESIDENCE (Where deceas ssian) STATE Md.	13b. COU	X11egany		rland	AER NO .	13e. STREET AND NUMBER   604 Maryland A		JOHOLO
	be ex		14. F	ATHER'S NAME first Martin	Mac	ldle lost Rize:		5. MOTHER'S MA	IDEN NAME First Amelia	Middle B	Williso	ost D TI
	certificate be physician of them please movol, and in			WAS DECEASED EVER IN U.S. ARA es, no, or unknown) (If yes give w	SED FORCES?	16b. SOCIAL SECURITY 217-10-446		INFORMANT homas B	eall Hust	Address band 604 Maryland		
. X.	quires that the deothy shysician. Igned by the ottendin virial-tronsit permit.		7	1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)  HMMEDIA  Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT COM	DEY. TE CAUSE (a) DUE TO (b) DUE TO	OR AS A CONSEQUENCE OF	1000	Cervius  O THE TERMINAL	and and a disease OR COND	Tecurra  Wes. Acoes  Dition Given in PART I(a)	APPROXIMATE IN OUTWIEN CHINEST AN OUTWIEN CHINEST AN OUTWIEN CHINEST AND OUT	
7	IAN: The low rer tol or attending f frate has been s for use as the E f Health prior to b		CERTIFICATION	19a. DATE OF OPERATION 19b.		OR WHICH OPERATION WAS PI		2Do. AUTOI	ИО ТЪ	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?		YING
	he hospitol or this certificate detached for us e Dept of Healt		MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	H HOUR	P.M. 1	9	OCATION Street		ture of injury in Part 1 or Part 2, Ite	(cunty	State
•	AL Doy los	1		While Not while 22a. I certify that (I) (\hat{Hr}	s hospital	) attended the deceas	ed fram	d that in (m) death.	y) (our) opiniai	n death accurred on the date	64 , that (1)	(we) last
	O HOSPIT Poge 4 mi O FUNERA director, 1 should be		23a	BUR AL, CREMATION 23b REMOVAL (Specify) Burial 6/	DATE 14/69	23c NAME OF		Cemet		3d LOCATION (City or Town)  Cumberland All	. ,,	tgte)
	VR A15 WA	2	24.	FUNERAL DIRECTOR William G.		ADDRESS		Md.	250 RECD BY RED AND 1		MANAGE	1144.

*		07718		5, 301 W. PRESTON STREET	I, BALTIMORE, MARYLAND 21201	
	П	0112-		CERTIFICATE OF DE		07704
rr death. 'uneral 1 and 2 8r death.		ECEASED-NAME First Type or print) . CLAREI	Middle FRANCIS	Lost BEEM	2a. DATE OF DEATH Month 6 Da	17 Yeo 69 10:00 M
s after the fu ages 1	3 5	MALE	4. RACE WHITE	5. DATE OF BIRTH 4-27-18	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR F JNDER 24 HRS MONTHS DAYS HOURS MUN
A hour	76. (01)	BIRTHPLACE (State or foreign ntry) ILLINOIS	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED WIDOWED DIVORCED		Md
within within	10	CHY OR TOWN OF DEATH  CUMBERLAND	11 NAME OF HOSPITAL OR I give street address) SACRED HEA	NSTITUTION (If not in haspital RT HOSPITAL	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired )	12b KIND OF BUSINESS OR INDUSTRY B & O RR CO.
e executed written and completely remove carbon n any event, wi	13a adm	USUAL RES DENCE (Where decease ission) STATE MARYLANI	od lived, if institution; Residence before	13c CITY OR TOWN 13d II	NSIDE CITY . M IS? 138 STREET AND NUMBER 330 RESERVOIS	
be exertand conditions	14	FATHER'S NAME First FRANCIS	M ddle Last BEEM	IS. MOTHER'S MAIDEN		lost ?
ificate by ysicion please al, and	16c	WAS DECEASED EVER IN U.S. ARMI		NO. 17 INFORMANT SACE	RED HEART HOSPITANTES	900 SETON DRIV
requires that the death certificate be executed within 24 haurs after death g physician.  I signed by the attending physician and completely filled in the funeral subtrial-transit permit. Then please remove carbon papers. Pages 1 and 2 a burial, cremation, or remaval, and nany event, within 72 transfer death.		18 CAUSE OF DEATH (Enter only PART DEATH WAS CAUSED IMMEDIAT	v one couse per line for (a) (b) and (	ive Gastrinte	Estival bleeding	APPROXIMATE INTERNAL BETWEEN OWSET AND OFATH
equires that the physician. signed by the burial-transit purial, crematic		Conditions, it ony, which gove rise to immediate cause (a), stating the underlying cause last	(b) Legal  DUE TO, OR AS A CONSEQUENCE O  (c) Segal	tic Circa	hosis	142
ICIAN: The law requires that the death certific pital ar attending physician. Atticate has been signed by the attending phys of for use as the burial-transit permit. Then pat Health prior to burial, cremotion, or removal,	CERTIFICATION		ONDITIONS CONTRIBUTING TO DEATH BUT		20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
S PHYSICIAN: The haspital are this certificate I detached for us a Dept. af Health	MEDICAL CERT	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, polify medical examine	HOUR A.M. Month Doy Yeo	21c HOW INJURY OCCURRE	Enter nature of injury in Part 1 or Port 2,	liem 18)
G PHYSIC the haspi this cert detached	W	at work at work	PLACE OF INJURY (AT HOME FARM, STREET, E OFFICE BUILDING, ETC.			Caunty State
TO HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the has TO FUNERAL DIRECTOR: After this cer director, page 3 shauld be detache should be tiled with the State Dept.			ve an 6-17 view the decear (i) (we) (did) ( <del>did not)</del> view the	sed from 6 7 3 196, and that in (my) (or bady after death.	, 19 <u>69</u> , ta <u>6-77</u> , 19 port) opinion death occurred on the do	69, that (I) (we) lost the and hour ond from the
L OR All be reto DIRECTOR 3 shalled with		22b. SIGNATURE	Goule	DEGREE PHYS	MED STAFF 22c.	DATE SIGNED
OSPITA 9 4 may INERAL ctar, pa	03		HAEL GLICK, M.D.		SETON DRIVE CUMB., ME	
TO Ho dires	1	BUR AL CREMATION 23b. DI BEMOTAL(3pecify)  FUNERAL DIRECTOR		CEMETERY OR CREMATORY		
VR A \$144	24		NERAL HOME 108 V	A. AVE. CUMBATI	RECD BY REG STRAR 256 REGISTRAR'S	SIGNATURE SIGNATURE

A MAILS & L A L E. LLE IJM IJ L BM L BILL BILL A F II I.

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J J .J

	07714		ND STATE DEPARTMENT OF HI 5, 301 W. PRESTON STREET, BALTIF CERTIFICATE OF DEATH		DWW OF
	DECEASED-NAME First	st Middle	Lost	2g DATE OF DEATH	07705
	(Type or print) MICH		BKKNANBEERMAN	6 Manth 13 Day	69 <sup>Year</sup> 8:20PM
3		4. RACE	S DATE OF BIRTH	6. AGE (in years	IF UNDER I YEAR IF UNDER 24 HRS.
	MALE	WHITE	Feb. 16.1	904 last husthday) YRS	MONTHS DAYS HOURS MIN
7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	WORKIED WHEATK IMMERIED	COUNTY OF DEATH	
10	CITY OR TOWN OF DEATH	M-J.M.	WIDOWED DIVORCED	ALLEGANY	Md
10.	CUMBERLAND	give street or doesn' HEA	NSTITUTION (If not in hespital 12a JSUAL during mas	OCCJPATION (Kind of work done t of working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY
130	JSUAL RESIDENCE (Where dece	ased lived, if institution, Residence before	B 13c CITY OR TOWN 13d INSIDE CITY JIM	159 13e. STREET AND NUMBER	
uar	nission) STATE MARYLAN	ND 136 COUNTALLEGANY	CUMBERLAND YES NO	815 BRADDOCK	CRB.
14.	FATHER'S NAME First	Middle Last	15 MOTHER'S MAIDEN NAME FIRE	Middle Middle	Lost
16	D. WAS DECEASED EVER IN U.S. AR	Dees Dees	man Machent	/	devinson.
100	Yes, na, or unknown) (Hyes give	RMED FORCES? e war or dates of service) 16b. SOCIAL SECURIT	IN IN SACRED HEART EMERGANCY RM. F		O SETON DR. JMBERLAND, MD.
-	18 CAUSE OF DEATH (Enfer of	any ane cause per line for (a) (b) and (			APPROXIMATE INTERVAL
	PART I DEATH WAS CAUS	any ane cause per line far (a), (b), and (c) SED BY.  DIATE CAUSE (a) MYOCAR	DIAL INFARCT	10N	BETWEEN ONSET AND DEATH
	4109	DUE TO, OR AS A CONSEQUENCE O			
	Conditions, if any, which gave rise to immediate cause (a),	(b)			
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	F		
	last.	(c)			
			NOT RELATED TO THE TERMINAL DISEASE OR COL	NDIT.ON GIVEN IN PART 1(a)	
	DIABI				
CERT.F.CATIO	19a DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS F	*RFORMED 20a AUTOPSY?  YES NO S	20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
LLEA	21a ACCIDENT WAS UNDERLY		21c. HOW INJURY OCCURRED (Enter n	ature at injury in Part 1 ar Part 2, It	em 18)
MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF DEL (If either, natify med cal exam	niner) P.M.	r 19		
Pet	While Not while of work	e PLACE OF INJURY ( AT HOME FARM STREET F OFFICE BUILDING, EFC.	ACTORY ) 21f. LOCATION Street or RFD No.	City or Town	County State
	22a. I certify that (I) (H	his hospital) attended the decea	sed fram, 19.6.	3, to 13 JUNA 19	Go, that (1) (we) last
	saw the deceased causes stated above	alive an	sed fram, 19 6. 19 6 7, and that in (my) ( <del>our)</del> apıni ı bady after death.	an death accurred an the dat	e and haur and fram the
	22b SIGNATURE	2		22c D	ATE SIGNED
	- In	Lane n		CTOR PHYS   C	5-13-69
	22d. PHYSICIAN'S NAME (Type)	M. GLICK, MB.	22e. ADDRESS 912 SE	TON BR., CUMBERL	AND, MD.
23a	Burial, (REMAT ON, 23b	DATE 23c NAME OF		23d LOCATION (City or Town)	(Caunty) (State)
24.	FLNERAL DIRECTOR	0/10/67 CAO	See Com.	REGISTRAR 25b REGISTRARS S	Williamy MX
	STEIN'S FUNER	AL HOME	CHARERIAND NOAM TON	7 1969 / Julian	afferdag.
=			COMPERTATION TO THE		

0 1	A No. on	MARTLAND STATE DEPARTMEN		
-13	- 07715 DIVISION OF VI	TAL RECORDS, 301 W. PRESTON STREE CERTIFICATE OF D		07706
	V****		20. DATE OF DEATH	
death. efol ond 2 deoth.	DECEASED-NAME First (Type or print) Margaret	Middle Lost Bell	6/20/1969 Doy	Yeor 3 20 Th
a de la de	3. SEX 4 RACE	S DATE OF BIRTH		UNGER I YEAR   IF UNGER 24 HRS
requires that the deoth certificate be executed within 24 hours after death physicion.  signed by the attending physician and ampletely filled in by the function of the place remove carbon popers by John John burial-transit permit. Then place remove carbon popers by John John burial, cremation, or removal, and many event, within 72 hours effer deoth	Female Whi			NTHS DAYS MOURS MIN.
	70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT			
and ampletely filled in remove carbon popers many event, within 72 h	COUNTRY) WVa. USA.	WIDOWED 🛣 DIVORCE	Allegany	Md.
Paris .		OF HOSPITAL OR INSTITUTION (If not in hospital	120 USUAL OCCUPATION (Kind of work done during most providing life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
Ş. Ş. ¾~		hers Hospital	21021	
/ Nem	Ja USUAL RESIDENCE (Where deceosed lived, if institution odmission) STATE 13b COUNTY	* V	INSIDE CITY LIMITS? 130. STREET AND NUMBER  ESX NO High Street	
λί	14. FATHER S NAME First Middle	tost Is. MOTHER'S MAIDI	** ************************************	Losi
ond in any event,	Joseph Elkins	is. Morrier s major	Mary Gay	2051
nen please ren tovol, ond in an	16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	b. SOCIAL SECURITY NO.   17. INFORMANT	Address	
D	Yes give war or dates of service)	Glenn Be	ell Lonaconing	Md.
ome.	1B. CAUSE OF DEATH (Enter only one couse per line	or (o), (b), and (c))	(SON)	APPROXIMATE INTERVAL BETWEEN ONSES AND DEATH
0. [	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	uposlatic In	eumome	72 hrs.
for use as the burial-transit permit. Then Health priar to burial, cremation, or remova	DUE TO, OR AS	COMPEQUENCE OF	0 - 1 4	19 da 15
burial-transit p burial, crematio	Conditions, if any, which gove rise to immediate cause (a),	eretral vascul	an accident	10 days
, cre	stoting the underlying couse	CONSEQUENCE OF	anosclonnéis	years
5	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE TERMINAL D	SEASE OR CONDITION GIVEN IN PART 1(o)	
	The least N	rellitur		
	190 DATE OF OPERATION 196 CONDITION FOR WHICH	OPERATION WAS PERFORMED 200 AUTOPS	CALICES OF DEATHS	SIDERED IN CERTIFYING
(	21d. ACCIDENT WAS UNDERLYING 21b TIME OF II	YES	NO CAUSES OF DEATHS  RED (Enter nature of injury in Part 1 or Part 2, Her	- 101
re Depri of negitin		Month Day Year	tener nature at injury in Part 1 of Part 2, there	п 10-}
5	G   OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.	HOME, FARM, STREET FACTORY.) 21f LOCATION Street of FICE BUILDING, ETC.	FRFD No. City or Town	County State
3	While Not while of work	FICE BUILDING, ETC.	•	·
don or in the	22a I certify that (I) (this haspital) often	red the deceased from	, 19 5 7, to June 20, 19 G	G, that (I) (we) last
40	22a I certify that (I) (this haspital often saw the deceosed olive on causes stated abave (I) (we) (Md) (	d not wise with a bady after death	our) opinion death-occurred on the date	ond hour and from the
with th	22b. SIGNATURE		22c DAI	TE SIGNED
	Home	DEGRE PHYS		21.69
= /	22d. PHYSICIAN'S NAME (Type) . D. MILE	C - UD 00 228. ADDRE	SONACONING M	n 51539
\	2000			(5-5)
1	230 BURIA, CREMATION, 23b DATE  PLANT 23 6/23/196	23c. NAME OF CEMETERY OR CREMATORY  9 Oak Hill Cemeter		(County) (State)
10.7	24. FUNERAL DIRECTOR	ADDRESS 25	SOT REC'D BY REGISTRAR 286 REGISTRAR 5 SIG	
N15 (4) ) " EV 1768	George Eichhorn L	onaconing, Md.	MULLIN 2 3 1969 /cleanly	of freedings

	07716		IOI W. PRESTON STREET, BALTII ERTIFICATE OF DEATH	MORE, MARYLAND 21201	DTTBT
and 2 and 2 death.	OF CEASED-NAME (Type or print) Por		Bishop	20 DATE OF DEATH 6/16/1969 Day	Year 2b. HOUR
	3. SEX Female	4 RACE White	5. DATE OF BIRTH 4/19/1885		JE UNCER I YEAR JE UNCER 24 HRS. MONTHS DAYS HOURS MIN
	70 BIRTHPLACE (State or foreign country) MD •	USA.	WIDOWED DIVORCED	Allegany	Md.
1	10. CITY OR TOWN OF DEATH Frostburg		spital during mas	OCCUPATION (Kind of work done st atwarking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
1	admission) STATE MD.		naconing YES No		
/	14 FATHER'S NAME First  James 16g, WAS DECEASED EVER IN U.S. A	Middle Bishop  RMED FORCES?   166 SOCIAL SECURITY NO	15 MOTHERS MAIDEN NAME FOR Matil	st Middle S	perry
	Yes, no psynknawn) (If yes gi	220-34-			ing. Md.
	PART I. DEATH WAS CAU	DIATE CAUSE (a) Y V A D COALS	tial Dochami	o.	7 days
Duridi, cremanian, ar removar, and in any event, within 72 in	Conditions, if any, which governe to mmed ate couse (a	(0)	Outen Dises	مف	years
	stating the underlying caus	DUE TO, OR AS A CONSEQUENCE OF C	yed arterios	levosis	yours
	0.7=+	al obstruction	pardytic Illie	( 6	
1	RIFICA	CONDITION FOR WHICH OPERATION WAS PERF	YES NO	20b. IF YES. WERE FINDINGS CO CAUSES OF DEATH?	
1	G CONTRIBUTING CAUSE OF C	EATH HOUR A.M. Month Doy Year miner) P.M. 19	21c. HOW INJURY OCCURRED (Enter		
	While Not while at wark at wark	THE PLACE OF INJURY (AT HOME FARM STREET FACTOR OFFICE BUILDING, ETC.		City or Yown	County State
	22a. I <b>certify</b> that (I) ( saw the deceased causes stated abo	this haspital attended the deceased al ve on 15 19 ve(1) (we) (aid) (a d nat ) iew the b	from 1972 G, and that in (my) your) apin ady after death.	O, ta 6 - 16 , 19 ian death accurred an the da	67, that (1) we) last te and haur and from the
* 4	22b SIGNATURE	rile From	ATTENDING ME ME	22c. 1	DATE SIGNED 16-69
	22d. PHYSICIANS NAME (Type)	1. MILES	22e, ADORESS		nd 21539
	REMOVAL (Specify)	6/18/1969 Philo	METERY OR CREMATORY  S Cemetery	23d LOCATON (City & Town) Westernport	(County) (State)
P	24. FUNERAL DIRECTOR George Eic	hhorn Lonaconin		REGISTRAR 256 REGISTRAR'S	SIGNATURE

MAKILAND STATE DEPARTMENT OF HEALTH

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				MARYLAND STATE DEPARTMENT OF HEALTH	
1			ARRITE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1	-		01111	CERTIFICATE OF DEATH	DTTDR
	٠ - 7 ج		ECEASED NAME / First	Middle Last 2a DATE OF DEATH	2b. HOUR
	e de	(	(Ype ar pnnt)	Wingenia Borgman June Month 10 Day	1969eor 4:30 M
	# # F.	3. 5		4 RACE S-DAJE OF BIRTH 6 AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
	# £ € 6.	١.	timale.	White Tune 2 1890 lost birthday) YRS	MONTHS DAYS HOLIRS MIN
	by Pour	70	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	in 24 haurs after death Alled in by the funeral papers. Page, and in hin 72 haur, offer beath	COR	myland	21. S. A WIDOWED B DIVORCED   Allegany	Md
		10.	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION fund of work done	12b. KIND OF BUSINESS OR
	within tely fill the power of t	0	Conscorning,	ma give street address) fyle Neuseny done during most of warking life, even it retired	INDUSTRY
	campletely nave carbon view carbon views carbon views	13d	USUAL RESIDENCE (Where deceo	led lived, f institution, Residence before 13c CITY OR TOWN. Jud INSIDE CITY LIMITS? 13e STREET AND NUMBER	2 8 17
	e e e	Ourn	CONTRACTOR OF THE PARTY OF THE	Collegany Cumberly VES ENO Bedford	(onex
	and canging and canging any even	14	FATHER'S NAME First	M dale Last IS. MOTHERS MAIDEN NAME First Middle	Lost
	be and a see	L_	John	- Jose Melkie	owe
	physician en please aval, and i	160	WAS DECEASED FOR IN U.S. AR	AED FORCES? Page 150 SOCIAL SECURITY NO 17 INFORMANT	1 110
	phy en ava	H	10	Mone was the think (.	APPROXIMATE INTERVAL
	The second secon		18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	ly ane cause per line far (a), (b), and (c).)	BETWEEN ONSET AND DEATH
	he death cer attending p permit. The		IMMEDI.	ATE CAUSE (0) VIVIAGO CONCLOS AGE. VIDIO CONCLOS	12mo,
	he att		Canditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	4 4000
	at the		rise to immediate couse (a),	(0)	1 years
0-	The law requires that the death certificate be executed attending physician. has been s gned by the attending physician and cample se as the burial-transit permit. Then please remaye to the prior to burial, crematian, ar remayal, and in any even		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	10 years
77	uire hysi gne urial urial		I —	IDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	1.
10	red o b o b		atom	Selection Selection	
1	s the	100	19a. DATE OF OPERATION 19b	COND T ON FOR WHICH OPERATION WAS PERFORMED 200 VLTOPSY? 20b IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
	The law raterding attending has been se as the the prior to	CERTIFICATION	· ·	YES NO CAUSES OF DEATH?	
	N. dre or		21a ACCIDENT WAS UNDERLYIN		em 18)
	YSICIAN: ospital or certificate thed far ust. of Health	MEDICAL	OR CONTRIBUTING CAUSE OF OEA	ner) P.M. 19	
	PHYSICIAN: The law he hospital or attendir this certificate has bee etached far use as the Dept. at Health priart	× ×	21d Neury OCCURRED 21e	PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. (Ity or Town	County State
	the determine De		White Nat while at wark at wark		
	ATTENDING stained by the CTOR: After I should be dith the State		22a I certify that (I) (th	is hospital) ottended the deceosed from	of, that (1) (we) last
	R: A		couses stated above	(1) (we) (aid) (did not) view the bady ofter death.	e and nour and from the
	P S S S S S S S S S S S S S S S S S S S		226 SIGNATURE O	224 D	ATE SIGNED
	OR ATTENDIN be retained by DIRECTOR: After ge 3 shauld be led with the Sta	L	340	DEGREE PHYS DIRECTOR DISTAFF D	-10-67
	AL DAG	L	22d PHYSICIAN'S NAME (Type) L.R.	MILES JR M.D. 220 ADDRISS	11 21039
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected and be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been a gned by the attending physician and addrector, page 3 shauld be detached far use as the burial-transit permit. Then please remanded by filed with the State Dept. of Health prinar to burial, crematian, ar remayal, and in any shauld be filed with the State Dept. of Health prinar to burial, crematian, ar remayal, and in any shauld be the state Dept.	L		The state of the s	10 2133/
	HC age	23a	BURIAL, CREMATION. 23b	DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Journ)	(State)
	5-5-2	26	ETHERAL-DIRECTOR	ADDRESS 2SQ REGISTRAR 25b, REGISTRAR 2.5b, REGISTRAR S.5.	SIGNATURE.
	SOM REV	1	Line III	appress MQ 259 HELD BY REGISTRAR S S PROGRESS AND STORES	to fredge.
	30M REV I A	6	Tomes ale	in one Chine 1/2 DAE 1000 1	O Secondary



Andrew	1	17718 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	<b>B7703</b>
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN DEC Month	Day Yeor 2b HOUR
is to to of	(	OF ESTI Death MAIED June Carey	14, 1960 8:30 M
S S S S S S S S S S S S S S S S S S S	3 5	SEX 4. RACE S DATE OF BIRTH 6 AGE (11 years   F JOHER 74 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
2, and 3 ta PM3 Page		Male   White June 15, 1951   18 vs.   June 24, 37	C 19 8:30 M
22 1 00 00	70.	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY)	
farr farr	COUN	Maryland U.S.A. WIDOWED DIVORCED Allegany	Md.
Pag vith	10. 4	STILL OR TOPRIO OF DEATH.	126 KIND OF BUSINESS OR
Ped # * V	C	Sumberland   Sacred Heart Hospital   Ctudent	NĐUSTRY
s after 18 Gin allong with	130	JSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDERCE AND MUMBER 13e. STREET AND MUMBER	-
E 3 7 5		Maryland Waryland Frostburg YES NO Star Route	
haurs Office 1 and 2	14. 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
	14	James Carey Agnes	Wilhelm
be executed within 24 "pending" in pencil in lief Medical Examiner's insit permit. File pages 1 event within 72 hours 6	100.	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 15. INFORMANT ADDRESS	
Mil Wil		No   215-58-6331   James Carey, Star Route, Frostbu	rg, Md.
rted or in		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY TNTD COANTAL HEMORDHAGE CEDERDAL EDEMA	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
ding ding ledii wi		IMMEDIATE CAUSE (a)	25 Hours
be executer "pending" ief Medical insit permit.		Onditions, if any, which gave )  Onditions, if any, which gave )  Onditions, if any, which gave )	PI
Transfer of the second of the		rise ta immediate cause (a), ( (b)	
would would the right		her	
수 등 등 등 등		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BOT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
MINER: This certificate shauld be executed within 24 the certificate, writing the word "pending" in pench in 4 shauld be farwarded to the Chief Medical Examiner's ur files.  a Should be used as o burial-transit permit. File pages smatian, ar remayal, and in any event within 72 hours	_	TAKE 2. OTHER SIGNIFICANT CONCERNAS CONTRIBUTING TO CEATE BUT NOT RECATED TO THE TERMINAL DISEASE OR CONCERNANT OFFEN IN PART 1(0)	
INER: This certificate, writs should be farwar files. 3 should be used affiles.	AT ON	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This critate, be far	CERTIFICAT	WAS PERFORMED?	YES PC NO
ER: This certificate, and be false.		210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Itel	n 18)
INER: e cert should files. 3 shou ration,	MEDICAL	PRIMARY SOR CONTRIBUTING HOUR ACM:  CAUSE OF DEATH About 7:3MPM 6-24-JSC Passengerfell from moving vehicle  21d INJURY OCCURRED 21e, PLACE OF IN. JRY (At home, farm, street,  21f, LOCATION Street or R.F.D. No. City or Town	,
MIN the fill mat	ME	21d INJURY OCCURRED  21e. PLACE OF IN. JRY (At home, farm, street, fortony office hyddige, etc.)  21f. LOCATION Street or R.F.D. No. City or Town	Caunty State
XX age ge you		WHILE NOT WHILE AT WORK AT WOR	ry1and
Xecuration of the Police of th		22a. I certify that I toak charge of the remains described above, held an Autopsy 🔀, Inspection 💢, Inquiry 🔯,	and in my opinian
Ded crops by the property of t		death resulted fram: Natural causes, AccidentX, Suicide, Hamicide, Undetermined manner [	] ' '
please I directo		CHIEF MEDICAL EXAMINER	
TTY Solutions by, please and direct be retaine RAL DIRECT TO priar to 1		SIGNATURE Demedict Skitarelia M.D. ASSISTANT MEDICAL EXAMINER [] 226 DATE SI	
Ssar une une NER		EXAMINER'S NAME (Type)  BENEDICT SKITARELIC, M.D.  DEPUTY MEDICAL EXAMINER XIX June 24.  ADDRESS(Street, city, town, or county from both 1 and	
TO DEPUTY DICAIN PROCESSARY, please extra funeral director. S may be retained for FUNERAL DIRECTO Health priar to burn	-00	Guine Ci Tatt.	d, Maryland
D - + 0 0 4	230	BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) Carri	
	74	Burial June 28 1060 Blocker Cemetery **其主色	J V
VR A15ME (5)		The state of the s	May Judge
10M REV 1/68	- 6	John J. Haror, Ir., 230 Baylto Ave. Cumberland Md JUN 27 1969 July	Cab August



A .		07719	BUUGION OF		TATE DEPARTMENT OF				
		01113	10 MOISIAID		I W. PRESTON STREET, BALT RTIFICATE OF DEATH	IMORE, MARYLANI	21201	977	10
ے 8ء	1 0	ECEASED-NAME Fire	it .	M ddle	LOST	20. DATE OF DEATH		0/4/4	2b. HOUR
death			PNON	ALBERTUS	CRABLE	6 <sup>Mon</sup>	1h 23	69	9:35AM
	3. SI		4 RACE		S DATE OF BIRTH	6 AGF	(In years	IF UNDER 1 YEAR	IF UNDER 24 HPS
		MALE	WHIT		11-24-	10 lost bi	irthday) 58 YRS.	MONTHS DAYS	HOURS MIN
	70	BIRTHPLACE (Stote or Foreign	7b. CITIZEN OF WH	"	MARRIED 💢 NEVER MARRIED 🗔	9. COUNTY OF DEATH			
24 h d in pers		MARYLAND	U.S.	<b>A.</b> w	DOWED D VORCED	ALLEGA	NY		Md
within 24 ho ely filled in bon papers		ITY OR TOWN OF DEATH CUMBERLAND	give s		OSPITAL 120 USU	AL OCCUPATION (Kind of ost of work ng life, ever	work done n if retired)	12b. KIND OF E	BUSINESS OR se Silk
executed within 24 haurs after death and completely filled in the wneral remove carbon papers Peres I and 2 n any event, within 72 house see death	13o. odm	JSJAL RESIDENCE (Where dece ission) STATE	osed hyed, if institut	on Residence before 13c	CITY OR TOWN 136 INSIDE CITY I		NUMBER Op Driv	16.	
and	14	FATHER'S NAME First	Middle	Lost	IS MOTHER'S MAIDEN NAME		Middle		Lost
a garie		HARR	Y S.	CRABLE	AN	NA		PRES	TON
that the death certificate be eximally the attending physican pararansis permit. Then please remisemation, or remayal, and in any		WAS DECEASED EVER IN U.S. AI (1) yes give W	RMED FORCES? I war or dales of service) We # 2	16b SOCIAL SECURITY NO. 217-10-7570	MEMOPIAL H	OSPI TAL	Address CUMB	EPLANG	MD.
Cer Marimar		18. CAUSE OF DEATH (Enter of	inly one couse per lin	e for (a) (b), and (c))		-		APPROX M	ATE INTERVAL ISET AND DEATH
ne death cer attending p permit. The		PART 1. DEATH WAS CAUS	ED BY: NATE CAUSE (o)	2.41	myocarollar	unlarding			HELE P
afte afte an, c		4/	–	S A CONSEQUENCE OF		)	and the same of th		1
the the matter		Conditions, if any, which gave	) (1)	(oronalu	1 webres the	- W. X. X.		4-41	, >
that that an. by t rans rans		rise to 'mmediate couse (o) stating the underlying couse		S A CONSEQUENCE OF				()	
Sicis S. C.		lost	(c) 6	Levil sul	stur herest o	W. ens		5 4	5.7
equires physicic signed burial-t burial,		PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUT	ING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART	[ ](e)		
ing ing	*		arial.	by rections	ion-				
end end s be as t ariar	CERTIFICATION	190. DATE OF OPERATION 198	CONDITION FOR WHI	CH OPERATION WAS PERFOR		CAUCEE OF BELT		ONSIDERED IN CE	RTIFYING
The share share the state of th	RTIFI				YES NO 🔀				
AN: ol ar cate ar u	N CF	210. ACCIDENT WAS UNDERLY  OR CONTRIBUTING CAUSE OF DE		INJURY Month Day Year	21c. HOW INJURY OCCURRED (Ente	r nature of injury in Port	1 or Port 2, 1	tem 18.)	
Spitch Sp	MEDICAL	fif either, notify medical exam	niner) P.M	19					
Page 4 may be retained by the haspital ar attending physician.  To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carl shauld be filed with the State Dept. of Health priar to burial, crematian, or remayal, and in any event,	M	While Not while at work		OFFICE BUILDING, ETC	21f LOCATION Street or R F.D. No			County	Stote
by the fifer peed be decorated by the peed be decorated by the peed by the pee		22a. I certify that (I) (†	his hospital) atte	nded the deceased fi	om 5-27,190	1, to 6- L	راب الم	67, that	(I) (we) last
END led I		saw the deceased	olive an(	did not) vious the hads	om 5-27, 193 4, and that in (my) (our) api ofter death.	nion deoth accurred	an the da	te and hour o	nd from the
To To The		22b SIGNATURE	e, (i) (we) (did) (	ala not) view the body	oner deom.			ATE SIGNED	
DR. 3		Vasi he	1: 14	NILS A	DEGREE PHYS.	MED. STAFF		2-24-6	59
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		22d PHYSIC AN S NAME (Type)	V. DPOS	S	22e. ADDRESS	AND, MD.		2 2-1 1	<u>'</u>
NEF Indian	25								
N H C Public Pub	230.		/26/69	23c. NAME OF CEME	ERY OR CREMATORY Burial Park.	23d. LOCATION (City of Cumberlan	r Town)	(County)	(Stote) Md.
5 5	7/1		·				REGISTRAR'S		Inter •
VR AT S	2.49.	funeral director H. Wayne Geor	ge Cumbe	rland, Md.	DATE JUI			Way you	rga.

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1	1			ND STATE DEPARTMENT OF HI	
P		07720	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTIN CERTIFICATE OF DEATH	MORE, MARYLAND 21201
€ -24	1.	DECEASED NAME First	Middle	lost	20 DATE OF DEATH 2b HOUR
deoth		(Type or print)	NM I	D'ALESSANDRO	Month 06 Day 25 Year 69 10:37A
	3.	SEX	4. RACE	S. DATE OF BIRTH	6 AGE (In years IF UNDER YEAR IF UNDER 24 HRS.
to Control		MALE	WHITE	03 -28 -03	last Athday) YRS. MONTHS DAYS HOURS MIN
	7	D. BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 9	COUNTY OF DEATH
physician and completely filled in ery please remove carban paper oxal, bridin any event, within 72	: L	HALY	USA	WIDOWED 🔀 DIVORCED 🗌	ALIN: GANY
	· )["	CUMBERLAND	give street addSACRE	D HEART HOSP. during mos	OCCJPATION (Kind of work done it of working life, even if retired )  IRED 175. KIND OF BUSINESS OR INDUSTRY  NONE
ecuted complet	1 00	la. USUA. RESIDENCE (Where deceo- imission) STATE MARYLAND	led lived, if institution: Residence before 13b. COUNTY	CUMBERLAND 13d. INSIDE CITY LIM	139 STREET AND NUMBER
ote be exerties, and contract of the contract	1	DOMINIC	Middle Lost D 1 ALESSAND	PRO LAURA	
rificote hysielen voleas	- /	6a, WAS DECEASED EVER IN U.S. ARP Yes no or unknown)	MED FORCES?  Voc or dates of service)  16b SOCIAL SECUR TY 2 14-05-88		, 900 SETON DR., CUMB., MD.
Page 4 may be retained by the hospital or attending physician.  To HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in syring where director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. The should be filled with the State Dept. of Health prior to burial, cremation, or removal, profit in any event, within 72 loss. The death should be filled with the State Dept. of Health prior to burial, cremation, or removal, profit in any event, within 72 loss. The death		PART I DEATH WAS CAUSE  3 48 9  Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last  PART 2 OTHER S GNIFICANT CON  HEALT ALSEASE  190 DATE OF OPERATION 196  210 ACCIDENT WAS UNDERLYING  CAUSE OF DEAT	DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT IN CONDITION FOR WHICH OPERATION WAS POUR AM MONTH DOY YEAR	ASPIRATION OF SOFT PALATI GEN MUDGERS NOT RELATED TO THE TERMINA. DISEASE OR COI HUMMORIZM MUSCE ERFORMED 200 AJTOPSY? YES NO	Dec - ton - 11
	*	While Nat while at work 22a I certify that (I) (the saw the deceased a causes stated above 22b. SIGNATURE	PLACE OF INJURY (AT HOME FARM, STREET FOR OFFICE BLINDING, ETC.)	sed fram, 19 (our) opining body ofter death.	City_or_lown County State  O, to
	25		WESSMAN M.D.	59 GREENE	ST., CUMBERLAND, MD. 21502 23d "OCATION (City or Town) (County) (Signer)
Pog Pog To Plant		DOLLOWIAL IN PART		Peter & Paul Cem.	Cumberland, Allegany, Md.
VR A15 45M - 1			RAL HOME, 108 VA.AV	E., CUMB., MD. JUN 3	0 1969 Houseles Judge

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	, I		07721		DIAIZION OI			RESTON STREET, BAL	IIMORE, MA	RYLAND 212	01	-	
/	<del></del>	<u> </u>					CERTIFIC	ATE OF DEATH				077	
	ath ath		ECEASED NAME Type or pnnt)	First		Middle		Lost	2a. DATE O	F DEATH Mont	Dow	Yenre	2b. HOUR A
	ter deatl funeral s 1 and ter deatl	3. 5	rv	MABEL		Α.	DEA	FELHAUSER		<u> </u>	D°20	Year 69	11:15 <sup>A</sup>
	hours after death n by the funeral s Pages 1 and 2	3. 3			4. RACE	-		S. DATE OF BIRTH		6. AGE ( n year last burt lay)	s F J		F UNDER 24 HRS.
	by the f	70	FEMALE BIRTHPLACE (State or f		WHITI		I o	11-12-91-13			YRS		
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	THE PERSON NAMED IN COLUMN TWO	1	CUMBERLAND		give	street address SACRED		HOSP ITAL	nost of working	(Kind of work of life, even if reta	ed) I	2b KIND OF BE NDUSTRY	JSINESS OR
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	ertificate be physician on nen please noval, and in	160	WAS DECEASED EVER	IN U.S. ARME	FORCES?	16b. SOCIAL SECURITY	NO 17			*	** ***		
	ifica Vysic od, o		res no arunknown)	( ) has dina mou	or dates of service)	214-05-9		SACKE	HEART	HOSP ITH	E PTS	CHAR	72
	cert g pt her nov	F	18 CAUSE OF DEATH	(Enter only	nga rausa nar	ne far (a), (b) and (c)		300 31	TOR DA	IVE CUMP	e Pil	APPROXIMA	E NTERVA.
	ath indin		PART DEATH V	WAS CAUSED I	SY CALLER 1	1-1-11116	/ /	K. Lenner	1111		-	BETWEEN ONS	T AND DEATH
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A	v re ing en s en s tat	2											
2	The law rather distributions of the second o	CERTIFICATION	19a. DATE OF OPERATION	ON 19b. CO	NDITION FOR WI	I.CH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		YES, WERE FINDI	NGS CONSI	DERED IN CER	TIFYING
1	The same of the sa	Ě						YES NO [2	CAUSE	S OF DEATH?			
1	AN: I ar I ar cate or u		21a. ACCIDENT WAS	UNDERLYING	21b. TIME C		21c. H	DW INJURY OCCURRED (Ent	er nature of inju	ry in Part 1 or Pa	rt 2, Item	18)	
	Pig diagram	MED CAL	(If either, natify med	icol exominer		1	9						
	iNG PHYSICIAN: The law requires the by the hospital ar attending physician. Ifter this certificate has been signed by be detached for use as the burial-traistate Dept. af Health priar to burial, cre	₹.	21d INJURY OCCURR	ED 21e. Pi	ACE OF INJURY	( AT HOME, FARM, STREET, FA	TORY ) 21f LO	OCATION Street or R.F.D. No	). City	or Town	Co	unty	State
	the third detries D		While Nat while at wark										
	OR ATTENDING be retained by th JIRECTOR: After t e 3 should be de ed with the State		22a. Certify the	at (I) (this	haspital) att	ended the deceas	ed fram_2	- 37- , 19 d that in (my) (aur) ap	-G_, to	1, - 20	, 19 <u>6</u>	ط , that (	l) (we) last
	R: A	l	saw the dec	teased aliv	e an <u> </u>	(did nat) view the	y ∠∠_2; gn body ofter i	d that in (my) (aur) op death	Inian death	accurred on th	ie date a	nd haur ar	nd from the
4	Properties of the state of the		22b. SIGNATURE	/	1/ (110) (ulu)	(did fidi) view file	bady dilei	200111.			22c. DATE	SIGNED	
	OR noe roe roe roe roe roe roe roe roe roe r			61,	877,02	<b>%</b> ?	DEGR	EE PHYS	MED.	STAFF PHYS		11-66	2
	A Paragraph of the para		22d PHYSICIAN'S			·		22e ADDRESS				-	
	SPIT 4 m 1ERA or, l d be	L.	NAME (Type)	L. BF	INGS ,	M.D.		57 GREI	NE ST.	CUMB.,	MD.	21502	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	23a	BURIAL, CREMATION,	23b DA	TE .	23c NAME OF	CEMETERY OR	CREMATORY	23d LOCATIO	ON (Cty or Town)	(Co	unty)	(State)
	5 5 5 2 W		BAUNT SELLA)	Jun	23,19	69 Davis	Memor	ial Cemeter	Cumb				Md.
	VR A15 (4)		FUNERAL DIRECTOR SCARPELLI	CHNEDA	LUONE	ADDRESS	RE CL	MB., MD DALUN	REGISTRAR	9 25b, REGIST	RAR S SIGN	ATURE	
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	_	1	* * .		D STATE DEPARTMENT OF		
1	<del></del>	+	707799		301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
/	•		01144	(	ERTIFICATE OF DEATH		07714
	÷ _ ~ ÷		CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
	r death	(	(Ype or print) Prisci.	lla Jane	Evans	6/21/1989 DOY	Yeor
	5	3. S	X	4. RACE	S. DATE OF BIRTH		IF JINDER LYEAR IF UNDER 24 HRS.
	THE E		Female	White	Nov. Sth.	1921 (ost birthdoy) YRS.	MONTHS DAYS HOURS MIN,
_	E (JAE)	70		b. CITIZEN OF WHAT COUNTRY?		9 COUNTY OF DEATH	
	of Brief	cou	htry) MD.	USA.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	Allegany	
	flaw requires that the death certificate be executed within 24 hours after death nding physician.  been signed by the attending physician and completely filled in the function of signed by the attending physician and completely happen.  Some side burial-transit permit. Then please remake carbon papers, the safety and it is to burial, crematian, at remayol, and in any event, within 72 hours after death	10	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS		JAL OCCUPATION (Kind of work done	Md
	within 2			give street oddress)	duma i	nost of working after even it retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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	京 書きま	130 odm		I lived, if institution: Residence before	·		
	e ke	OG.	ission) STATE MD	135AGUNTegany Lo	naconing YES	State Str	eet_
	e executed with and completely remarke carbon in any event, with	14	FATHER S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME		Lost
	that the death certificate be executed your.  by the attending physician and complete transit permit. Then please remake carl crematian, ar remayal, and in any event.	1	Jacob	Click	Prisci	lla Powe	11
	ate icias leas and		WAS DECEASED EVER IN U.S. ARMED		IO 17 INFORMANT	Address	
	hys c		es, no, er unknown) (!! yes give war	ar dates of service)	Robert W.	Evans. Cumberl	and. Md
	G B B B B B B B B B B B B B B B B B B B		18. CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and (c).		(SON)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	attending permit. The	1	PART I. DEATH WAS CAUSED I	BY:	tia Commence	00 11 100000	2 400 000
	dec frmi		1870 IMMEDIATE	E CAUSE (a) YNO XCO VICEOUTING OF	CC CEAL COUNTY	a waxa	- a frama
	the a		Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF			
	to . # .		rise to immediate couse (a),	(b)			
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ry.	In: The taw requires the ar attending physician. irate has been signed by far use as the burial-trafted Health pract to burial, cre		PART 2 OTHER SIGNIFICANT COND	ILIONZ COMIKIROLING TO DEATH BUT NO	OF KETATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART (0)	
do	The taw in attending has been se as the h priarta	8			TO ALITOPHIA	Lock he were turing published to	NECOCOLO IN CENTIONALO
/	tender te	1	190. DATE OF OPERATION 195. CO	ONDITION FOR WHICH OPERATION WAS PER		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFFING
		CERTIFICATION			YES NO		
	YSICILE: aspital ar certificate hed far u		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	215 TIME OF INJURY HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Ent	er noture of injury in Port 1 or Port 2, It	em 18.)
	日報信息を	WEDICAL	(If either, notify medical examine	r) P.M. 19			
	G PHYSICIIM the haspital this certificated far the Dept. of He	墨	21d INJURY OCCURRED   21e Pi	LACE OF INJURY ( AT HOME FARM, STREET, FAC	TORY.) 21f. LOCATION Street or R.F.D. N	o City or Town	County State
	this this detact		While Not while ot work				
	ENDING PHYS red by the has R: After this ce uld be detache the State Dept.		22a. I certify that (I) (this	haspital) attended the decease ye an [1] (D) (we (d d) (d nat) view the	ed fram 19. 19.	onian death accurred an the dat	9, that (1) we) las
	A P A P A P A P A P A P A P A P A P A P		saw the deceased al.	ve an Juna 201	9.64, and that in (my) aur) a	oinian death accurred an the dat	e and havr and fram the
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	or ATTEN be retained DIRECTOR: ge 3 shauld led with the		22b. SIGNATURE	D 18	DEGREE PHYS		ATE SIGNED
	OR be r be r DIRE DIRE		STON	with h		DIRECTOR PHYS, U	-22-69
	IAL Pogge e fil		22d. PHYSICIAN'S NAME (Type) 1 . D	MILES JR.	22e. ADDRESS	000000000000000000000000000000000000000	51009
	TO HOSPITAL OR ATTENDING PHYSICING Page 4 may be retained by the haspital TO FUNERAL DIRECTOR: After this certifical director, page 3 should be detached fa should be filed with the State Dept. of H.					CONING MD	, 21537
	HO Ige FUN rect	230	BUR AL, CREMATION 235. DA	·-	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
	5 5 5 P		Burial 6/	24/1969 Memoi	rial Park		Md.
	YR A15 IA	24.	FUNERAL DIRECTOR	ADDRESS	2So REC'D	BY REGISTRAR 256 REGISTRAR'S S	IGNATURE
	30M REV 1766	1	George Eichh	orn, Lonaconii	ng, Md.	6 1969 Joliantes	Jung -



-	Item23 FilmCh13 6/20/69 kk CERTIFICATE OF DEATH	07715
± -2±	1. DECEASED-NAME First Middle Lost 20, DATE OF DEATH	2b. HOUR
death. neral and 2 death.	(Type or print) James Stanley Foard June Month 13 Doy 1	969 4:P M
ter fus s l fter	3. SEX  Male  4 RACE  5. DATE OF BIRTH 7-24-1896  6. AGE (In years funder)  10 July 24, 1896  72 MONTHS  MONTHS	
and completely filled in by the fur s remave carban paress. Pages I in any event, within 72 though after	70 BIRTHPLACE (Stote or foreign Country) 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED 411egany	Md
within 2 ely fille ban pa within	Cumberland   give street oddressMemorial Hospital during Test at working in Carman   INDU	KIND OF BUSINESS OR PARTIES OR RESTRICTION OF BUSINESS OR
completion of event,	130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) STATE Md. 13b. COUNTY Allegany Cumberland YES NO   13c. STREET AND NUMBER 1011 Virginia A	
be exe	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First M.ddle  John R. Foard Hannah E. Burkin	Lost
g physicial g physicial Then pleas maval, and	160. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO.   17 INFORMANT   Address   16b SOCIAL SECURITY NO.   17 INFORMANT   Mrs. Berdie Foard, Cumberland, Information   18 Info	
a a la		Md. Wife
equires that the death certificate be executed verysician.  signed by the attending physician and complete burial-transit permit. Then please remave carburial, cremation, ar remaval, and in any event,	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  ACUTE COPORARY OCCLUSION	ETWEEN ONSET AND GEATH
that the death on. by the attendin ransit permit. remation, ar re	Conditions, if dny, which gove rise to immediate cause (a).  DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Cardiovascular disease y	ears
res tha sician. ied by ial-tran	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
the law requires the attending physician attending physician has been sigmed by se as the burial-train the priar to burial, cre	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
attendi attendi has be se as th th priar	196. DATE OF OPERATION 196. CONDITION FOR WHICH DEPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDER CAUSES OF DEATH?  210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	ED IN CERTIFYING
ECTOR: After this certificate has been 3 should be detached far use as the with the State Dept. af Health priar ta	210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 3 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 10 ACCIDENT WAS UNDERLYING 1 to Port 2 Item 18.3 11 OR CONTRIBUTING CAUSE OF DEATH P.M. 19 11 OR CONTRIBUTING 1 TO THE PORT OF	)
Dept.	While Not while of work of wor	y Stote
d by t After d be d e State	22a. I certify that (I) (this haspital) attended the deceased from June 13, 189 saw the deceased alive and causes stated abave, (I) (Add 161) view the bady after death.	, that (I) (we) last
stained by the CTOR: After I should be dith the State	causes stated abaye, (1) (Add tot) yiew the bady after death.	
DIRECTOR: After tage 3 should be de filled with the State	22b. SIGNATURE    DEGREE   ATTENDING   MED.   STAFF   22c. DATE SIGNATURE   PHYS.   27-15	-69
Page 4 may be retained by  TO FUNERAL DIRECTOR: After director, page 3 should be shauld be filed with the Stat	22d PHYSICHAM'S NAME (TypeG. Overton Himmelwright, M.D. 133 Va. Ave. Cumberland, Md.	21502
Page 4 may TO FUNERAL director, por Shauld be fi	230. BURIA, CREMATION, BERMOYA (Specify)  230. DATE  231. LOCATION (Completely)  232. NAME OF CEMETERY OR CREMATORY  233. LOCATION (Completely)  Alend 16,1969  234. LOCATION (Completely)  Alend 16,1969	id'.
VR A15 (4)	24. FUNERAL DIRECTOR  ADDRESS  ADDRESS  250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE  LIEM 1.7. 1000	RE

MAKTLAND STATE DEPAKTMENT OF HEALTH



\* 1/4

1	07724		OS, 301 W. PRESTON STREET, BAI	TIMORE, MARYLAND 21201	07716			
	01142-		CERTIFICATE OF DEATH					
1.	(Type or print)	rst Middle	Last	20. DATE OF DEATH  Marsh Da	2b HOUR			
	Nell:		Fraley	6	20 69 8:30 a. M			
3	SEX	4. RACE	S DATE OF BIRTH	6. AGE (in years last buthpay)	F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN			
70	Female  BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	11/29/	1902 66 YRS.				
(0	untry)		8. MARRIED X NEVER MARRIED  WIDOWED DIVORCED					
10	CITY OR TOWN OF DEATH	U.S.A.		UAL OCCUPATION (Kind of work done	12b, KIND OF BUSINESS OR			
1		give street address)	morial Hospital	mast of working life, even it retired.)	PADLISTRY			
136	Cumberland  USLA, RES DENCE (Where dec	sosed lived, if institution: Residence before	INCREASE HOSPILAL  ITE 13c. CITY OR TOWN 13d INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	Own Home			
od	mission) STATE	13b COUNTY Allegany	Vec 🗔	NO [7]	Street			
14	FATHER S NAME First	Middle Las			lost			
	Theod	ore Knep			Mathes			
16	o. WAS DECEASED EVER IN U.S. /	RMED FORCES? 166 SOCIAL SECUR	TY NO. 17 INFORMANT	Address	Mones			
	Yes, no, or unknown) (If yos gr	ve war or dates of service)	William F	ralev Lona	coning. Md.			
	1B. CAUSE OF DEATH (Enter	only one couse per line for (o), (b), and			APPROXIMATE INTERVAL BETWEEN ONSEE AND DEATH			
	PART I. DEATH WAS CAU	ICED DV.	porardial infact	in	6 wles			
	4', 7	DUE TO OR AS A CONSPOUENCE	dr.					
	Conditions, if any, which governse to immediate couse (a	(b) Af	heroscherthe hea	itclisease.	years			
	stating the underlying cour		OF					
	last.							
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBLTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE OF	RCONDITION GIVEN IN PART 1(o)				
9	190. DATE OF OPERATION [1]	Pb CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a AUTOPSY?	20b. IF YES, WERE FINDINGS	CONCIDEDED IN CERTIFYING			
	Transfer of Great In	o constitution of English the	YES NO'S	CAUSES OF DEATUS	CONSIDERED III CENTIL ETITO			
Tep	210 ACCIDENT WAS UNDERL	YING 216 TIME OF INJURY		ter nature of injury in Part 1 or Port 2,	Item IB.)			
EDICA	OR CONTRIBUTING CAUSE OF C		eor 19		•			
9		1e. PLACE OF INJURY ( AT HOME, FARM, STREET OFFICE BUILDING, ETC.		io. City or Town	County State			
	While Not while at work	( OFFICE BUILDING, ETC.						
	22a   certify that (1)	this haspital) attended the dece	ased from 6/3/ , 19	67.10 6/20,19	69 , that (I) (we) last			
	saw the deceased	alive on 5/2.6	19 <u>69</u> , and that in (my) (our) a	pinion deoth accurred on the d	ote and hour and from the			
	22b. SIGNATURE	ove, (I) (we) (did) (did net) view to	ne body offer deoffi.	/ 22.	DATE SIGNED			
	LEO. SICHIATORY	15 It alwest	M DEGREE PHYS	MED STAFF D	6/24/89			
1	22d PHYSICIAN'S	01/100	22e. ADDRESS	A // Timb	6			
	NAME (Type)	TER B HALMO	202	SCHLEY ST.	CUMPERLAND			
23	BURIAL, CREMATION, 23		OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)			
	PEMOVAL (Specify)	6/23/69 Oak	Hill Cemetery	Longconing	A Md			
24	L FUNERAL DIRECTOR	ADDR	4.4	BY REGISTRAR 256 REGISTRAR S	welso gendge.			
	George Eich	horn Lonaco	ning. Md. DATE JU	JN 26 1989 July	The same of the sa			

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ي سيور ت	1			07725	DIVISION OF VIT		301 W. PRESTON STR	· ·	, MARYLAND 21	201		
-				01184		C	ERTIFICATE OF	DEATH			027	17 4 14
	£ -2∓			ECEASED NAME First		Middle	Lost	20. 0	ATE OF OEATH			76 HOUR
	death erol and deoth		L'	Ype or print)	14		FREELAN	יטע ו	NE Month	I O'y	1969	8:55P
	E TA		3. SI		4. RACE		S OATE OF BIE		6 AGE ( n ye		UNCER 1 YEAR	IF JNOER 24 HRS
	by after death			8 Sug 1// 1 (*** 3 Los Aug	WHIT	F	3 - 2	5=90	last birthdo	YRS. MO	NTHS DAYS	HOURS MIN
	3 3			STRTHPLACE (Stote or foreign	7b, CITIZEN OF WHAT O	OUNTRY?	8. MARRIEO M NEVER MARI		ITY OF DEATH			
	d and person		1001	MARYLAND	U. S. A.	•			LLEGANY			Md
	a Bar		10 (	ITY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OR INST	ITUTION (If not in hospital	12e JSUA, OCCUI	ATION (Kind of wor		12b KIND OF E	BUSINESS OR
	orbon ent, with		L	CUMBERLAND	d/A.E. feb	man and the	OSPITAL	HOUSE	orking life, even if re WIFE	etired.)	H WWW	OME
		ý	130	USUAL RESIDENCE (Where deceos	d lived, if institution	Residence before		3d. MSIDE CTY Lim TSP	3e STREET AND NUN			
	e executed and complimented remove of	-		OSUAL KEZIDENCE (Where deceos	136 COUNTY N	NERAL	WILEY FOR	NO NO	None			
	and rem	2	14. 1	ATHER'S NAME First	Middle	Lost	15. MOTHER'S MA	DEN NAME FIRST	LJ M	iddle DO	BERTS	OBST
		. ≠ <sup>†</sup>	<u> </u>	PETER		TWIGG		SARA			DEV 19	OH
	ertificote b physicion ren please oval, and i		160 Y	WAS DECEASED EVER IN U.S. ARN es, nq.or unknown) (If yes give w	EO FORCES? 16b ar or dates of service)	SOCIAL SECURITY NO	17 INFORMANT		Ad	dress		
	thot the death certifican.  by the attending physicansit permit. Then plus cremotals, or removal,		L	15			MEMORI	AL HOSPI	TAL, CUL	BFRL		MD.
	ie death cei attending p permit. The			<ol> <li>CAUSE OF DEATH (Enter online)</li> <li>PART I CEATH WAS CAUSED</li> </ol>	y one cause per soe to	(a), (b), and (c)	1	501			BETWEEN ON	ATE INTERVAL ISET AND GEATH
	attendi permit. ion, or r			IMMEDIA	TE CAUSE (o)		1 an	-			3/2	mo.
	he of the per			Conditions, if any, which gove	DUE TO, OR AS A	CONSEQUENCE OF						
	that the an.  by the transit prematic			rise to Immediate couse (a), {	(b)							
	s the			stoting the underlying couse	OUE TO, OR AS A	CONSEQUENCE OF						
	equires the physician. signed by buriol fran			PART 2. OTHER SIGNIFICANT COM	(t)	TO OLATH BUT NO	PELATEO TO TUE TERMINAL	OUTLANT OR COMOTION	I CIUPA IN BART V.		1	
190	req g pl n sig e bu			TAKE 2. OTHER SIGNIFICANT COM	DITIONS TUNING	TO OCATH BUT NO	RELATED TO THE TERMINAL	DISEASE OKTONOTION	N GIVEN IN PART H(0)			
1/2	din din or t	,	TION	190. OATE OF OPERATION 19b	ONORTION FOR WHICH O	PERATION WAS PERI	ORMED 200 AUTOP	(V)	206. IF YES, WERE FIN	OINGS CONS	INEDEN NICE	PTIEVING
N.	AN: The taw requires the of a stranger of a		CERTIFICATION				YES		CAUSES OF OEATH?	Vc	5 -	KINTHO
1	or o			210 ACCIDENT WAS UNDERLYIN	G 216 TIME OF INJ	URY	21c HOW INJURY OCC		of injury in Port 1 or	Part 2. Item		
	by the hospital or fler this certificate be detached for us		MEDICAL	GR CONTRIBUTING CAUSE DE DEAT		onth Day Year					,	
	JING PHYSICI by the hospital fifer this certifi be detached to Stote Dept. of			21d. INJURY OCCURRED 21e	PLACE OF INTURY LATH	OME, FARM, STREET FACTO	DRY   215-18(A)ION Street	or R.E.O. No.	-City of Town		ounty	Stote
	PH he he this this eta			While Not while at work	OFFIC	CE BUILDING, ETC	1	the Co	May	1	07	
	DING I by the Affer i I be d			22a. I certify that (1) (the	s hospital) attende	ed the deceased	fram 4/17//		0 4/10/	1919	that/	(1) <del>(we)</del> las
	ATTENDING stained by the CTOR: After the should be diffired that the Stote			saw the deceased all cau <del>ses</del> stated abave	ive on left	167_19	, and that in (my	) ( <del>out)</del> apinion de	eath accurred on	the date	ond hour o	nd from the
	TOR Tain Tain Tain Tain Tain Tain Tain Tain			226 SIGNATURE	, (I) ( <del>we) (aid)</del> (dig	(nat) view the b	ady after death				1	/
U	REC REC 3 s	1		140 SIGNATURE	1.41	1	ATTENDING	MED OUR ECTOR	STAFF .	22c DATE	E SHGREO	18
	y by	/		22d PHYSICIAN'S	when	· ·	PHYS 22e AOOR	- OKLEDK	L_I PHYS L_	1		
	ma RAI			NAME(Type)	J.WMS.				TRE ST.	CHH	BERLA	DM. CYAL
	TO HOSPITAL OR ATTEND Poge 4 may be retained to FUNERAL DIRECTOR: A director, page 3 should should be filed with the '		23o	BUR AL CREMATION, 235 (	PATE	23c NAME OF CE	METERY OR CREMATORY		DCAT ON (City or Tow			
	Pog-	-d***30		BHOV4 (Sproty) Jun	e 13,1969	Hillcr	est Burial	Park Cu	mberland	, Md.	Alle	(State) gany
	X.	2	24	FUNERAL OIRECTOR Imes F. Scarpe	112 (	ADDRESS	Mr.	250. REC'O BY REGIST	RAR 25b. REG	STRAR'S SIG		
	VR A15 45M - 1	35	JE	mes F. Scarpe	TII, oumb	errand,	Ind •	OALUN 16	1969	ionila	Judy	A.

<del>-4-</del> 1	07726	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH										
	1 DECEASED NAME F	rst Muddle			07718							
24 hours after death.	(Type or print) ADA		lost FROST	20. DATE OF DEATH  Month 06 -PC	2b нои <b>м</b> 5:45 м							
fun fun fer de	3. SEX	4. RACE	S DATE OF BIRTH		IF UNDER I YEAR   F JMDER 24 HRS							
s offer	MALE	WHITE	02 -26	6 AGE (in years last barthday) YRS.	MONTHS DAYS HOURS MIN.							
	70 BIRTHPLACE (State or foreign country)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH								
至 【题	MARYLAND	U.S.A.	WIDOWED DIVORCED	ALLEGANY COUNTY	Md Md							
	10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR I	NST-TUTION (If not in hospital 120 US	UAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR							
ried with the state of the stat	CUMBERLAND	SACRED' HEA		OPPERS COMPANY (ired)	TOOL MAKER							
requires that the Beath certificate be executed mysician.  Signed by the attending physician and cample burial-transit permit. Then please remove can burial, crematian, ar remayal, and in any event	odmission) STATE MARY! A	ND 13b COUNTALLEGANY	CUMBERLAND YES X		r street							
d co	14. FATHER S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME		Lost							
be on an an an alin claim clai	AUGUST	FROS		AUGUSTA	FROST							
cate sicial sleas	16a. WAS DECEASED EVER IN US Yes, no, pronknown) (11 yes g	ARMED FORCES? 166 SOCIAL SECURIT		Address								
physen phys			9317 SACRED HEART	, SETON DR., CUMB.								
h ce	18. CAUSE OF DEATH (Enter	an y one cause per line far (a) (b) and (c) SED BY DIATE CAUSE (a)	DICH SO CALUDE	Mary parts	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
leat mit.	IMM	DIRECTOR (a)			3 WEEKS							
e att	Canditions, if any, which ga	DUE TO, OR AS A CONSEQUENCE O	F		8 YEARS							
at the next	rise ta immediate cause (d	(b)			O TEARS							
The law requires the attending hysician. has been signed by see as the burial-training the second of	stating the underlying cau	DUE TO, OR AS A CONSEQUENCE O	t									
aburic buric	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	RCONDITION GIVEN IN PART 1(a)								
A Fing the contribution of	ARRER	AL EMBOLISM INTO R	•									
tend as be as pria	190 DATE OF OPERATION 1	Pb. CONDITION FOR WHICH OPERATION WAS F		20b IF YES, WERE FINDINGS OF CAUSES OF DEATH?	ONS DERED IN CERTIFYING							
That at a se house use alth	21g ACCIDENT WAS UNDERL	VINC TOLL THE OF INDIAN	YES NO	<u> </u>								
PHYSICIAN: e haspital ar his certificate trached far u Dept. af Heal			I ZIC. HOW INJURY OCCURRED (En	ter nature of injury in Port 1 or Port 2, I	tem 18)							
IYSICIAI haspital s certifica uched fa	≥ 21d INJURY OCCURRED 3	miner) P.M.	ACTORY, ) 216 LOCATION Street or P.E.D. N	la. City ar Tawn	Caunty State							
PM re for this effect Dep	of work of work	THE PLACE OF INJURY (AT HOME, EARM, STREET, E			,							
MG by th ter ter to e	22a I certify that (1)	this hospital) attended the decea alive an ive, (I) (we) (did) (did not) view the	sed from 5 - 9 19	56 to 6 - 18 19	69 , that (I) (we) lost							
ed to the Shall be She She She She She She She She She Sh	saw the deceased	alive an 6 - 1/	19 <u>69</u> , and that in (my) (aur) a	pinion death accurred on the da	te and have and from the							
ATT ATT	22b SIGNATURE	ive, (i) (we) (ala) (ala nor) view the	e body offer death.		DATE SIGNED							
OR ATTENDING be retained by th DIRECTOR: After I is 3 shauld be d ed with the State	K	W Bree.	DEGREE PHYS		N 6 - 19 - 69							
AL ay by the pool of file	22d PHYSiCIAN S		22e ADDRESS									
A m 4 m VER/		BALLIN, M.D.		NE STREET, CUMB.,								
Page 4 may be retained by the haspital ar attending physician.  To Funeral Director: After this certificate has been signed by the attending physician and campletely fill director, page 3 should be detached far use as the burial-transit permit. Then please remove carban physhold be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any event, within the state Dept.	23d BURIAL, CREMATION, 23 BREMOVAL (Specify)	ane 20,1969 Rose	CEMETERY OR CREMATORY Hill Cemetery	Cumberland, All	(County) (Stote)							
120	24 FUNERAL DIRECTOR	ADDRES	5 MD. 21502 250 REC'D	BY REGISTRAR 25b. REGISTRAR S	SIGNATURE							
VR A15 (4) 45M - 1/69	SCARPELLI FUN	ane 20,1969 Rose  ADDRES  ERAL HOME, VIRGINIA	A AVE., CUMB. DAN UN	2 4 1969 Recom	as Judge							

MAKTLAND STATE DEPARTMENT OF HEALTH

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4-"	07727 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, I	MARYLAND 21201
- 1	CERTIFICATE OF DEATH	07719
r death. uneral 1 and 2 sr death	(Type of print) JOHN (WILLIAM GURMER JU	E OF DEATH  NE Manth 1 Day 1969 6:401
affe affe	MALE  A. RACE TE S. DATE OF BIRTH 5-22-1907	6. AGE (In years IFUNDER 1 YEAR IF JADER 24 HRS MONTHS DAYS HOURS MIN.  YRS.
nin 24 Afours filled in by papers. Pa	MARYLAND U. S. A. WIDOWED DIVORCED X AL	LEGANY Md
within rely fille ban pa within		learer 12b K.ND OF BUSINESS OR INDUSTRY Brewery
e executed within and completely fill remave carbon poin any event, within	USUAL RES DENCE (Where deceased lived, if institution residence theory 13c CUMBERLAND INSIDE CITY LANDS	OI WILLS CREEK AVE.,
5 10 0 3	FATHER'S NAME FIRST Middle Last IS MOTHER'S MAIDEN NAME FIRST  GEORGE W. GORMER SARAH	Middle HITE
certificate g physician Then please mayal, and	WAS DECEASED EVER IN J.S. ARMED FORCES? Yes, no of unknown) (II yes give war or dotes of service) 214-05-4729  WE MODE IN I HOS DIT	Address  CLIMBERLAND MD.
at the death the attending nsit permit. I matian, or rea	PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave nse to immediate cause (a).  Stating the interlying cause  DUE TO, OR AS A CONSEQUENCE OF	the Corra 6 hrs.
	stating the underlying couse (c).  PART 2 OTHER SIGNLEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS.	SIVEN IN PART I(a)
the faw offending has been as the prior to		b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING USES OF DEATH?
AN: 1 ar cate ar us	2 a ACCIDENT WAS UNDERLYING   21b. T.ME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of Inferior)   19   19	injury in Part 1 or Part 2, Item 18)
G PHYSICL the haspite this certifi detached f	of work of wark	City or Town County State
ATTENDING stained by the CTOR: After it shauld be de	22a. I certify that (I) (this haspital) attended the deceased fram 1/1/2/1, 19, ta saw the deceased alive an	th accurred an the date and haur and from the
AL OR ATTENE y be retained L DIRECTOR: A age 3 shauld filed with the	226. SIGNATURE DEGREE ATTENDING DIRECTOR I	STAFF 22c, DATE SIGNED
ro Hospital of Page 4 may be for Funekal bik director, page shauld be filed	22d PHYSICIAN'S 22e ADDRESS	HIGHWAY LAVALE, MD.
Page To FUN direct	Blive decity) 6/4/69 Rose Hill Cemetery, Cumi	AT ON (City at Tawn) (Caunty) (State) Derland, Allegany Md.
VR A15 144	FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ANDRESS  AND	25b PEGISTRAPS SIGNATURE

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	19	+	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	07720
	death.	L	DECEASED-NAME First M.ddle Lost 20. DATE OF DEATH (Type or pnnt) The Control of t	Yeor 2b. HOUR,
	requires that the death certificate be executed within 24 hours after death g physician.  I signed by the attending physician and completely filled in by the Tureral burial-transit permit. Then please remark torban papers. Pages, Sand a burial, cremation, ar removal, and in day event, within 72 hours the death	L	T 17 - 17 (IGST birthday) MONI	INDER I YEAR IF UNDER 24 HRS. TH'S DAYS HOURS MIN
•	in 24 hours illed in by t papers. Pa	COI	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED DIVORCED DIVORCED PLANT OF DEATH WIDOWED DIVORCED	N
	within 24 jely filled i bon paper within 72	4	give street address). T during most of working life, even if retired.)	2b KIND OF BUSINESS OR NDUSTRY
	executed withing completely firm offer corbon only every, with	odr	O USUAL RESIDENCE (Where deceosed lived, if institution: Residence before Instruments) STATE 13b COUNTY 13b COUNTY 175 NO 150 NO	
	n ond se rem		L. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
	rtificate ohysicia en plea		60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no., or unknown) (Ilyas give war or dates of service)	710.74
	quires that the death certificate be executed by signed by the attending physician and colorial-transit permit. Then please remainal, cremation, ar removal, and in day		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART! DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  LECULE LOXAGE  LECULE  LOXAGE  LOX	BETWEEN ONSET AND DEATH
	of the d the att sit peri		Conditions, if ony, which gove (b) (b) (b) (C) A. D.	FRW HERRY
	equires that the physican. Signed by the burial-transit burial, cremat		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF LOST.  (c) ACRUSE MAY OCCUPATION AND LOST OF LIEU MAY OCCUPATION AS	mount. 1 her
0	The law requires the ottending physicion. has been signed by se as the burial-trail the prior to burial, cre	8	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	, ,
1	The law r ottending has been use as the lth prior to	CERTIFICATION	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO 20b. IF YES, WERE FINDINGS CONSIL	
•	PHYSICIAN: e hospitol or nis certificate rached for ur	MEDICAL CE	GOR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Yeor P.M. 19	18.)
	G PHY:		While Not while of work of work	ounty Stote
	AL OR ATTENDING PHYSICIAN: The law re toy be retained by the hospital or ottending AL DIRECTOR: After this certificate has been page 3 should be detached for use as the e filed with the State Dept. of Health prior to		22a. I certify that (1) (this hospital) attended the deceased from Jules 13., 1964, ta Jules 13, 1969 and that in (my) (aur) apinian death accurred an the date a causes stated abave, (1) (1) (did) (did nat) view the body after death.	, that (I) (we) la ind haur and fram th
	OR AT be retain SIRECTO ie 3 sho ed with		22b. SIGNATURE    DEGREE   ATTENDING   MED.   STAFF   22c DATE	SIGNED = 15-1968
	TO HOSPITAL OR ATTENIED Poge 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22d PHYSICIAN'S NAME CRYPE DOTAL A TOPPER HAT MEMORIAL HOSPITAL CUMPTU	land, md
	TO HOSPITAL Poge 4 moy TO FUNERAL director, po		REMOVAL (Specify) J. 3 10, 1009 Rust Tears Tier veist G. 12.5. In V.	ounty) (Stote)-
	OM REV	24.	4. FUNERAL DIRECTOR ADDRESS 256. REGISTRAR 256. REGISTRAR'S SIGN	

1	07729		AND STATE DEPARTMENT OF DS, 301 W. PRESTON STREET, BA	ALTIMORE, MARYLAND 21201	<b>(2)</b> (10)
-	, DECEASED NAME First	AA 4 H	CERTIFICATE OF DEATI		07721
ľ	. DECEASED NAME First (Type or print)	FRANK G.	GREEN	20. DATE OF DEATH  6 Month 26 Doy	69 Year 1:00 M
3	. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (In years	IF UNDER YEAR IF UNDER 24 HRS
L	MALE	WHITE	6/9/88	last birthday) - 8 VRS.	MONTHS DAYS HOURS MIN
7	a BIRTHPLACE (State or foreign ountry) W. VA.	75. GTEZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH	EGANY Md
	O CITY OR TOWN OF DEATH  CUMBERLAND		INSTITUTION (If not in hospital 120 U	ISUAL OCCUPATION (Kind of wark done ) most of work ng life, even if retired )	126 KIND OF BUSINESS OR INDUSTRY
11.0	30 USUA. RESIDENCE (Where decease dimission) STATE MD.	d ved, if institution Residence before 13b COUNTY ALLEGANY	WESTERNPORT YES WESTERNPORT	The state of the s	
		Middle Los	EEN	E Eirst Middle MAHAL I A	Lost GREEN
1	60. WAS DECEASED EVER IN U.S. ARME Yes, ng of unknown) (II yes give wor	ED FORCES? 16b SOCIAL SECURI		HOSPITAL -900 SETO	N DRIVE
		DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)	OF T NOT RELATED TO THE TERMINAL DISEASE C	205 E YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
	199. DATE OF OPERATION 195. CO  C - 2 J - G S  2 o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DATH  (1) either, notify med.col exomine	HOUR A.M. Month Day Ye	YES NO NO VERTER (EN	CAUSES OF DEATH?	tern 18.)
	While Not while of work	PLACE OF INJURY ( AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY,) 21F LOCATION Street or R.F.D.		County State
١	causes stated abave,	ve an (I) (did not) view the	ased fram (-23 , 19 19 ), and that in (my) (-1) one bady after death.		
	22b-SIGNATURE  22d. PHYSICIAN'S NAME (Type) DR. MAT	THEW KAUFMAN	ATTENDING PHYS  22e. ADDRESS  912 SET	MED DIRECTOR D STAFF D 6 CON DRIVE -CUMBERLA	nd, MARYLAND
2	4 FUNERAL DIRECTOR	- 29-67 Phil		23d LOCAT ON (City or Town)  WESTERNER  A  D BY REGISTRAR  25b. REGISTRARS	
RL	FREDLOCK'S FUNER	AL HOME -PIEDMON	T, WEST VIRGINIAN	N 3 0 1969 Aclian	les Judge

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DECENSIONANE   First   CERTIFICATE OF DEATH   Circ   Cir		1	0 m m 0 0	DIVISION OF W		D STATE DEPART			
Type or pinol)  STELLA  Y. HARRIS  6 Month Doy 69 Year  14:2009  15:00000000000000000000000000000000000			07730	DIAI2IOM OF A	ITAL KECOKDS,	ERTIFICATE OF	DEATH	RE, MARYLAND 21201	07722
3. SEX FEMALE   4 BAGE   1/20/93   STATE   1/20/	# 59 P.				M. adie	Last	20.		2b HOUR p
10. CHY OR TOWN OF DEATH   11 NAME OF HOSPITAL OR HISTORY ON (If not hospital)   12 USUAL OCCUPATION (If not hospital)   13 USUAL RESOURCE OF USUAL OCCUPATION (If not hospital)   13 USUAL RESOURCE OF USING (IF not h	dec	L,	i that on beauti)	STELLA	Y	HARRIS	6	6 Month 9 Day	Your
10. CFY OR TOWN OF DEATH   11 NAME OF HOSPITAL OR HISTORY ON (If then the hospital products of the control of the state of the control o		3. S		4. RACE		S. DATE OF	BIRTH	6 AGE ( n years	IF UNDER 1 YEAR IF UNDER 24 HRS
10. CFY OR TOWN OF DEATH   11 NAME OF HOSPITAL OR HISTORY ON (If then the hospital products of the control of the state of the control o		1	FEMALE	WH	ITE	1.	/20/93		MONTHS OAYS HOURS MIN
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NAME (Type) DR. R. W. BALLIN  62 GREENE ST -CUMBERLAND, MD. 21502  230 BURIAL, CREMATION, PANNALIZATION, 6/12/69  231 DEPARTMENT OF CEMTTERY OR CREMATORY PANNALIZATION (County) (Stote) Hillcrest Burial Park Cumberland Allegany Maryland  24 FUNERAL DIRECTOR  250 REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE		ERTIF	OS LEGISTING WAS AND			-			
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NAME (Type) DR. R. W. BALLIN  62 GREENE ST -CUMBERLAND, MD. 21502  230 BURIAL, CREMATION, PANNALIZATION, 6/12/69  231 DEPARTMENT OF CEMTTERY OR CREMATORY PANNALIZATION (County) (Stote) Hillcrest Burial Park Cumberland Allegany Maryland  24 FUNERAL DIRECTOR  250 REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	SICI Spirit ed	EDIC	(If either, notify medical exami	ner) P M.	19				
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NAME (Type) DR. R. W. BALLIN  62 GREENE ST -CUMBERLAND, MD. 21502  230 BURIAL, CREMATION, PANNALIZATION, 6/12/69  231 DEPARTMENT OF CEMTTERY OR CREMATORY PANNALIZATION (County) (Stote) Hillcrest Burial Park Cumberland Allegany Maryland  24 FUNERAL DIRECTOR  250 REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	TEN ned NR:	L	causes stated obov	e. (I) (we) (did) (did	d not) view the b	ody after death.	iy) (aur) opinion	deoth accurred an the dat	e ond haur and from the
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24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	SPII 4 m 4 m d b	L	NAME (IAbe) BK" H	. W. BALLI	N	62	GREENE ST	-CUMBERLAND, I	4D. 21502
24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	HO FUN Poul	23o	BURIAL, CREMATION, 23b.	DATE				LOCATION (City or Town)	(Caunty) (State)
VR AT SILCOX -MERRITT FUNERAL SERVICE -404 DECATUR ST 250 REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	5g 5 2 2				Hillcre	st Burial Pa	ark Cu		any Maryland
45M. 1969 VILLOW TELLOW CONTROL OF THE DECEMBER 310 1 G (QCQ) Washing Control of the Control of	VR AIN	24. S 1	FUNERAL DIRECTOR	IINERDI SED	ADDRESS	DECATIO CT	2So REC'D BY REGI		
CUMBERIAND MARYLAND	45M - 1969	Ľ	EAST HEIMITT	OHEIGHT DEL			DATUN 16	1969 Juan	es Judge.

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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH L DECEASED-NAME Eirst Middle Last death. 20 DATE OF DEATH (Q) that the death certificate be executed-within 24 haurs after death. funeral (Type or print) June John 1958 Johnson 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years FLIWDER YEAR IF JINDER 24 HRS perpinthody) Male White 8/2/1887 70 BIRTHPLACE (Stole or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Maryland Allegany County U. S. A. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR HISTILT ON (If not in hospital give street address) 12a USUAL OCCUPATION (Kind of work done 12b. K ND OF BUSINGS OR INDUSTRY during most of work no life even drettied Retired: Coal Miner Cumberland completely nave carbon ounty Infirmary Mining director, page 3 should be detached far use as the burial-transit permit. Then please remai<del>ve cart</del> spauld be filed with the State Dept, af Health priar ta burial, crematian, ar remaval, and in any event 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 136 COUNTY Allegany LonaconingYEX Detmold Street NO F 14 FATHERS NAME Midále First Last IS MOTHER'S MAIDEN NAME First Elizabeth John Johnson McMillan 17 INFORMANT P.O. Box 599, Addres umberland . Md. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (If yes give wor or dates of service) Yes, no. or Laknawn) 216-05-5760-A Allegany County Infirmary records. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line (or ), (b), and (c).)
PART 1. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove } signed by the burial-transit p rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) fo FUNERAL DIRECTOR: After this certificate has been 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO TO 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) TO HOSPITAL OR ATTENDING PHYSICIAN OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. While Not while 21d INJURY OCCURRED City or Town County Stote 22a. I certify that (I) (this hospital) attended the deceased from May 1, 1969, to June 18, 1969, that (I) (we) last saw the deceased alive an June 1969, and that in (my) (aur) opinion death accurred an the date and haur and from the 4 may be retained by causes stated abave, (1) (we) (did), (did nat) view the body after death. 226 SISNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS PHYS PRYSIC AN S 22e ADDRESS NAME (Type) Memorial Hospital Cumberland Md 23d LOCATION (City or Town) 23a BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (Caunty) (State) REMOVA. (Specify) Lonaconing Md Oak Hill Cemetery 169 RECD BY REGISTRAN UN 2 3 19 24 FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE Lonaconing, Md. DATUN George Eichhorn

07732	DIVISION OF VITAL KI	ECORDS, 301 W. PRESTON STRE CERTIFICATE OF D		YLAND 21201	OWI	~~.
DECEASED NAME     (Type or print)		ddle Lost	2o DATE OF		07'	2b. HOUR
· ·	JESSE (			6onth 7	loy 69	9:35A
3. SEX MALE	4 RACE WHITE	S. DATE OF BIRT	31-15	6 AGE (In years lost birthday)	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
BIRTHPLACE (Stote or foreign				lost birthday)	S.	
Country) VIRGINIA		Y? 8. MARRIED NEVER MARRIED DIVORCE	9. COUNTY OF	GANY		
CITY OR TOWN OF DEATH	11 NAME OF HOSE	PITAL OR INST TUTION (If not in hospital	120 USUA, OCCUPATION		e 125 KIND OF	BUSINESS OR
CUMBERLAND	give street oddres	SIAL HOSPITAL	dung WEMPLOS			D0311623 OK
Admicsion) STATE	AND 136 COUNTY LEGAN	ice before 13c CITY OR TOWN 138	INSIDE CTY LIMITS? 13e STE	EET AND NUMBER	MONT A	VENUE
14. FATHERS NAME First	Modele	Lost IS. MOTHER'S MAID	EN NAME First	Middle		Lost
160 WAS DECEASED EVER IN U		JUDY L SECURITY NO 17, INFORMANT	VIRGINI			OUPS
Yes, no, or unknown) (# )	f yes give war or dates of service)		L HOSPITAL	Address	ERLAND	MD
	Enter only one couse per line for (a) (1		L HOOF FIAL	OU IVID	APPROX	MATE INTERVAL
PART I. DEATH WAS	S CAUSED BY. IMMEDIATE CAUSE (o)	malle Cours	Dua O. Pt D.	IA A	BETWIEN C	INSET AND DEATH
1621	DUE TO, OR AS A CONSEQ	JUENCE OF	1	1100		
Conditions, if ony, which rise to immediate cous	h gove)	with Wel	axtores	0		
stoting the underlying of	touse DUE TO, OR AS A CONSEC	JUENCE OF				
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	ANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMINAL D	ISEASE OR CONDIT ON GIVEN	IN PART 1(o)		
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATE	ON WAS PERFORMED 200 AUTOPS	72 205 IF	YES, WERE PINDINGS	CONCIDENTO IN C	CDTICVING
- 1170 DATE OF OFTRAILEIN		TOO NOTON				
E THE DATE OF OFERATION		YES F	NO CAUSES	OF DEATH?	CONSIDERED IN C	EKTIPTING
210. ACCIDENT WAS UND		21c. HOW INJURY OCCUR	NO []	OF DEATH?		EKTIPTING
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210. ACCIDENT WAS UND 210. OR CONTRIBUTING CAUSE (If either, notify medical 21d INJURY OCCURRED	SE OF DEATH L EXOMINER)  HOUR A.M. Month D P.M.  1 2 P PLACE OF INLIFEY (AT HOME, FAR.)	21c. HOW INJURY OCCUR	RED (Enter nature of injury	OF DEATH?		Stote
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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED NAME First Middle Lost requires that the death certificate be executed within 24 haurs after death (Type or print) Mary Margaret Kabosky 3. SEX A RACE S. DATE OF BIRTH 6. AGE (In years IF JINDER 1 YEAR Famale White last b rthday) 1/1/1911 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remave cofban papers. Pageshauld be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED NEVER MARRIED country) Maryland U. S. A. Allegany County WIDOWED TO DIVORCED [7] II NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 10. CITY OR TOWN OF DEATH 12a USJA, OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR during most of working ife eyen if retired)
Office: Sells Co. INDUSTRY Cumberlan d Cumber and County Infirmary

130 USJA. RESIDENCE (Where deceased lived, if institution Residence before | 13c. (TY OR TOWN) Inc. 13d INSIDE CITY DM-TS7 13e STREET AND NUMBER 13h COUNTY Allegany Cumberland 16 Pennsylvania Ave., NO ON 14. FATHER S NAME M ddle S MOTHER'S MA DEN NAME First First Lost Middle Lillard Thomas M. Hannah Hogan 17. INFORMANT P. O. Box 599, 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Addres umber Land . Md. 16b SOCIAL SECURITY NO Yes, no. or unknown) (If yes give wor or dates at service) Allegany County Infirmary records. APPROXIMATE INTERNAL 18 CAUSE OF DEATH (Enter only one cause per linggfor (a), (b), and (c)) BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if dny, which gove ) rise ta immediate cause (a) stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ 21a. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) TO HOSPITAL OR ATTENDING PHYSICIAN OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while E 220. I certify that (I) (this hospital) attended the deceased from Dec. 5, 1968, to June 15, 1969, that (I) (we) lost saw the deceased alive on June 11, 1969, and that in (my) (our) apinion death accurred on the date and haur and from the be retained equses stated above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF **PHYS** DIRECTOR 12d, PHYSICIAN S NAME (Type) 22e ADDRESS UNS Memorial Hospital, Cumberland, Md. 23b DATE 23d LOCATION (City or Town) 23o. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMEMAN POPERTY 18,1969 St. Mary's Cemetery Cumberland, Allegany, Md. BY REG STRAR 256 REGISTRAR S SIGNATURE Scarpelli, Cumberland, Md. uniter Judge

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s offer	3 SEX MALE	4 RACE WHITE	5 DATE OF BIRTH 04-24-12		FUNDER YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS M.N.
d in years 72 hour	70 BIRTHPLACE (Stole or foreign MARYLAND	75 CHIZEN OF WHAT COUNTRY?	WIDOWED DIVORCED	COUNTY OF DEATH ALLEGANY	Md.
pe executed within 24 hours and completely filled in y r remove carbon papers in ony event, within 72 hours	10 CITY OR TOWN OF DEATH CUMBERLAND		HOSP ITAL PIPEOST	CCUPATION (Kind of work done	126 KIND OF BUSINESS OR
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	14. FATHER'S NAME First  JAMES	Middre Cost PATRICK KENNEY	SR. IS MOTHER'S MAIDEN NAME First	Mrddle E .	COUNTHAN
certificate g physieran Then please mavol, and	16g WAS DECEASED EVER IN U.S. Yes, ny Egnknown) (If yes g	ARMED FORCES? 16b SOCIAL SECURITY N 216-01-883		900 SETON DR., CU	JMBERLAND, MD.
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IAN Fical For Fer	21a ACCIDENT WAS UNDERLY OF CONTRIBUTING CAUSE OF CITY of CHIPMENT CONTRIBUTION COLUMN	DEATH HOUR A.M. Month Day Year	214 HOW INJURY OCCURRED (Enter no	iture of injury in Part 1 or Part 2, Item	n 18.)
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OR ATTEND be retoined DIRECTOR: A ge 3 should ed with the	22b SIGNATURE	ive, (I) (we) (did) ( <del>did not</del> ) view the b	oody after death.	22r DAT	E SIGNED
SPITAL OR 4 may be r VERAL DIRE or, page 3	22d. PHYSICIAN'S NAME (Type) L. M	ICHAEL GLICK MD	DEGREE PHYS DIRECT		-/5 <sup>-</sup> 69
TO HOSPITAL OR ATTEN Page 4 may be retoned TO FUNERAL DIRECTOR: director, page 3 should	23a BURIAL, CREMATION 23	b. DATE 23c NAME OF C	EMETERY OR CREMATORY 2		(Caunty) (State)
VR AIS 4	BURTAL 24 FUNERAL DIRECTOR LAND CHAPTER SOWERS		CHAEL'S CEMETERY  250 RECD BY R  BURG, MD, 2 1532111N 9		LEGANY MD

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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07728 y the funeral es II and 2 urs after death. 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR 24 hours after death (Type or print) Herald Month 18 Doy Myers Lambert June 1969 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years IF JINDER 1 YEAR IF LINDER 24 HRS. Sur birthdoy) ALCHT HOM DAYS HOURS Male White Dec. 13, 1917 within 72 haurs signed by the attending physician and completely filled in burial-transit permit Then please remave carban papers. 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED THE NEVER MARRIED country) W. Va. Allegany US# WIDOWED [ DIVORCED [ paper 10. CITY OR TOWN OF DEATH 17 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done The law requires that the death certificate be executed within 12b KIND OF BUSINESS OR Bye the oddress Memorial Hospital during mer of working me a year if refued.) Cumberland MOUSTRY Retail Store 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Wiley Ford YES MO Va. Mineral crematian, or removal, and in any 14 FATHER'S NAME First M.ddle Inst 15 MOTHER'S MAIDEN NAME First E.A. Lambert Laura Murphy 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) Mrs. Lucy Lambert, Wiley Ford, W. Va. - Wife APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: month IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove ) rise ta +mmediate couse (a). Page 4 may be retained by the hospital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse leles PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been s se as the t th priar ta b 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO [ far use Health 1 this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 17 June , 1965 , to 10 October 1968 , that (I) (we) last saw the deceased alive an 10 October 1968, and that in (my) (our) apinian death accurred an the date and hour and fram the TO FUNERAL DIRECTOR: After director, page 3 should be deshauld be filed with the State causes stated abave, (1) "(we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE 20 June 1969 PHYS. 22e ADDRESS 122 S. Centre St., Cumberland, Md. 22d PHYSICIAN'S Van Ormer, M.D. NAME (Type) Dr. W. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b. DATE 23d LOCATION (City or Town) (County) BEMOYAL (Specty) Cumberland, Allegany, Md. Sunset Memorial Park June 21,1969 24. FUNERAL DIRECTOR Scarpelli, Cumberland, Md. 30M REV, 1/68

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	o DEPUIY necessary, p the funeral 5 may be re	O FUNER Health,		EXAMINER'S NAME (Type) B	ENEDIC	T SKITA	RELIC,	M.D.		DEPUTY MEDIO ADDRESS(Street				LAND, MD	
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ING yy th ter t		22a. I certify that (I) (the saw the deceased of causes stated obove	is hospital) gitte	epded the decease	ed from G	-13.	19.67, to_	6 ~ 16, 19	67 that	HT (we) last
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OR ATTEN  OR ATTEN  Directors:  Per 3 shauld  ed with the		226 SIGNATURE	/ / / / / /	1 n	body blief ded			22c.	DATE SI <b>GNE</b> D	1
DIRE DIRE		audr	ew fil	lasko	DEGREE	ATTENDING PHYS.	DIRECTOR C	STAFF PHYS	6/16	169
PITAL I may ERAL ur, pa ur, pa d be f		22d, PHYSIC ANS NAME (Type)	C. BPIN	NSFIELD		CUMB	EPLAND,	MD.		
TO HOSPITAL OR ATTENDING PH' Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 shauld be detacted, should be filed with the State Dep	230.	BURIA_, CREMATION, 23b REMOYAL (Spor fy)	DATE 6/18/69		CEMETERY OR CRE			ION (City or Town) erland, Al	(County)	(State) Md
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	requence of the property of th	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
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	AN: The all or at core he for use Health	MEDICAL CERT	210 ACCIDENT WAS U	NDERLYING	216 TIME (		21c.			of injury in Part 1 or Part 2,	Item 1B)
	SICIA sprita entificient feed fe		(If either, natify medic	al examiner	P.M.	19	}				
	G = = = = =	_	While Not while at work	-		( AT HOME, EARM, STREET FAC OFFICE BUILDING, ETC.		LOCATION Street a		City or Town	County State
	After Star		22a. I certify that (I) (this haspital) attended the deceased from 2 = 1 = , 19 67, ta 6 = 5, 19 69, that (I) (we) last saw the deceased alive an 2 = 19 67, and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated above, (I) (we) (did) (aid not) view the body after death.								
	OR ATTENDED be retained DIRECTOR: A Shauld le 3 shauld ed with the		226 SIGNATURE ADD LEDGE CONTROL OF THE SIGNED ATTENDING THE STAFF 220 DATE SIGNED								
			22d. PHYSICIAN'S NAME (Type) S	G WF	I SMAN N		24-0E0		21111		
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		07741	DIVISION OF			ATE OF DEA		AKTLAND 21201	077	33
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outhin 2 san pap within 7	10.	TTY OR TOWN OF DEATH  CUMBERLAND	g Se	IAME OF HOSP TAL OR IN	STITUT ON (1f n	ot in haspital 12	d USUAL OCCUPATION	ON (Kind of wark done ERICHORK(ERCA)	126 KIND OF INDUSTRY	BUSINESS OR
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and c exp	14	ATHER S NAME First	Middle LLIAM	MART I	<b>N</b>	MOTHER'S MAIDEN			<del>vatkins)</del> Vazkihes	MARTIN
rincate, ihysicida n pleas val, and	160.	WAS DECEASED EVER IN U.S. ARA BS, na, NO known) (11 yes give v	AED FORCES? rar or dates of service)	215-10-12	NO 17.1	NFORMANT SACRED HI	EART HOSP		ETON DR	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07734 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I DECEASED NAME First Middle Lost 20. DATE KNOWNEX Month Doy Year 2b. HOUR (Type or Print) delay is and 3 to Terry Mc Donald Garland June 12 1969 3P M DEATH MATED IF UNDER 1 YEAR IF JINDER 24 HRS 6 AGE (In yours 3 SEX 4 RACE 5 DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR Month June Doy 12 Year 69 3P M Male White March 26.1969 - - YRS 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED CO 9 COUNTY OF DEATH country) Md. in Item 18. Give Pages 1 USA DIVORCED [ Allegany WIDOWED [ 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired ) INDUSTRY give street address) 500 Greene St. Cumberland None 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 130 USUAL RES DENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN Wiley Ford 1/36 COUNTY Mineral None YES NO Office l and 2 after Fazet Middle IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME Lost First Middle Fast Mc Donald Terry Linda Garland K. Swaner 16g WAS DECEASED EVER IN U.S. ARMED FORCES? within pencil 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, no, ar unknawn) (III yes give war or dates of service) Mr. Carl Turner, Wiley Ford, W. Va. none permittel executed vending? in APPROX MATE INTERVAL Vithin. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute Pulmonary Edema I Hour IMMEDIATE CAUSE (a)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave Congenital Heart Disease rise to immediate couse (a), writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remayal, used 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? please execute the certificate, YES NO 21o. EXTERNAL CAUSE WAS T21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b TiME OF INJURY Month, Dov. Year 3 should PRIMARY TOR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town Caunty Stote foctory, office building, etc.) may be retained far your FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK Inspection X. 220. I certify that I took charge of the remains described obove, held an Autopsy [87]. Inquiry X and in my apinion deoth resulted from: Natural causes 🔀 Accident 🗍 Suicide 🗍 Homicide . Undetermined monner CHIEF MEDICAL EXAMINER Cularelia 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER June 12, 1969 DEPUTY MEDICAL EXAMINER [ 5 may TO FUNE Health Dr. Benedict Skitarelic, M.D. Cumberland, Md. ADDRESS(Street, city, town, or county) NAME (Type) 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) (County) REMOVAL (Specify) 6-14-1969 Restlawn Gardens La Vale, Md. Allegany Burial 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 2Sb REGISTRAR 5 SIGNATURE James F. Scarpelli, Cumberland, Md. VR A15ME [5] silvania Judge

MARYLAND STATE DEPARTMENT OF HEALTH

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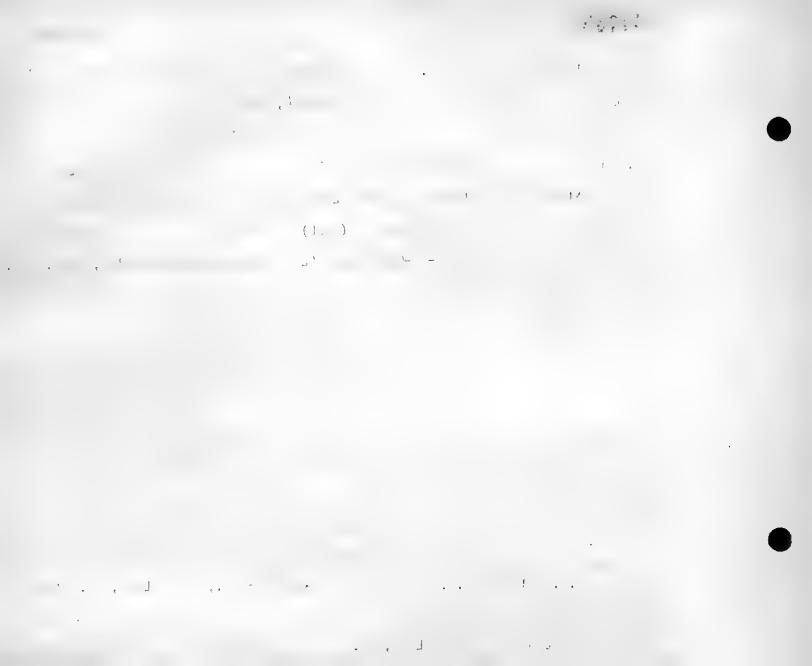
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	5 5 3	3	SEX	0000	4 RACE		- 100	S. DATE OF BIRTH		6. AGE (In veors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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	withi bon with	"L	Frost		yive	Miners Miners	Mospit	al "Ti	ucker-	Self-empa	industry oyed	
	law requires that the death certificate be executed within 24 hours after death nding physician.  been signed by the aftending physician and completely filled in by the funcial state buriol-transit permit. Then please remove carbon papers. Pages and 2 is the buriol, cremation, or removal, and in only event, within 72 hours after death	/ 13 od	o. USUAL RESIDENCE ( mission) STATE	Where deceose	d lived, if institut	tion: Residence befor		1 Vec [ ]	No.	REET AND NUMBER		
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	that the death certific ian. by the attending phys transit permit. Then p		PART I DEATI	H WAS CAUSED	BY:	ne tor (a), (b), and (	Millio	9. 1. 1.	Jack	(1122)	BETWEEN OF	NSET AND DEATH
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	~ ~ <del>*</del> • * * * * * * * * * * * * * * * * * *		204	$\delta m$	les	AM	DEGR	E PHYS	MED DIRECTOR		10.6	9
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	TO HOSPITAL OR ATTEND Page 4 moy be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	/	NAME (Type)	アス	WILE	8,1R			ACONI		10. 2	1539
	HOUNT TO THE	23	BURIAL, CREMATION				F CEMETERY OR			ON (City or Town)	(County)	(Stote)
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113				ID STATE DEPARTMENT OF H		
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# 724		DECEASED-NAME First	Middle	Last	20 DATE OF DEATH	2b. HOUR
e e		(Type or print) WYANT	C.	MESSMAN	JUNE 17	1969 2:15AM
	3	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR   IF JINDER 24 HRS
£ 532		MALE	WHITE	JUNE 4. 190	iost birthdoy) YRS	MONTHS DAYS HOURS MIN
hours in by ers Pers	70		CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED	COUNTY OF DEATH	
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OR ATTENDING be retained by it interforms: After e 3 should be d ed with the State		saw the deceased alive	e an1 () (we) (did) (did nat) view the	CS_, and that in (my) (aur) apin	ian death accurred an the date	e and haur and fram the
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VER.		0,0, 11	ISMAN, M.D.	59 GREENE	ST., CUMBERLAND,	MD. 21502
TO HOSPITAL OR ATTENDING Page 4 may be retained by it TO FUNERAL DIRECTOR: After director, page 3 should be considered by the State	230	BURIA., CREMATION. 23b DAT	19/69 35 Pe	ter & Paul Cam.	23d LOCATION (City or Town)	(Gunty) (State)
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death	(Type ar print)	James		William	1	Miller		June 8	1969	7:25 M
. # New April 1-	3. SEX		4. RACE		S.	DATE OF BIRTH		6. AGE (In years last birthday)	IF UNCER 1 YEAR MOINTHS DAYS	IF UNDER 24 HRS HOURS MIN,
5 2 2 2	Male		Whi			3/27/	/1880	89 Y		roors min,
hours of by the s. Page hours	70 BIRTHPLACE (State or country) 345 37.0		b. CITIZEN OF WHAT		MARRIED [	NEVER MARRIED		JNTY OF DEATH		
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signed by the attending physician and completely filled in burial-transit permit. Then please remove corbon papers. burial, cremotian, or removol, and in any event, within 72 h	10. CITY OR TOWN OF DE Cumberla	nd	give stree		lvan Re	etreat di	uring mast of	UPAT ON (Kind of work don working life, even if retired Plumber	12b, KIND OF INDUSTRY	
ont,	13a. USUAL RESIDENCE (V admission) STATE						SIDE CITY LIMITS?	13e. STREET AND NUMBER		
1 6		Md.	45.2	llegany		rland YES		523 Vailey	Street	
1	14. FATHER'S NAME	First	M ddle	Last		NOTHER'S MAIDEN		Middle		Last
/	Char			Miller			Mary _			ackburn
	16a. WAS DECEASED EVER Yes_na_ar unknown)	R IN U.S. ARMED		b. SOCIAL SECURITY NO		DRMANT		Address		Md.
	Yes na ar unknawn) Unik		4	22 <b>0-16-</b> 689	94 Ph	vliss Ro	SSWORM	611 Shriver	Ave Cun	berland
	1B. CAUSE OF DEA	ATH (Enter anly I WAS CAUSED E	ane couse per line f	gr (a), (b) and (c).)				, 1-	BETWEEN C	MATE INTERVAL DISET AND DEATH
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buriol, cremotian, or removol, and	4367	171	DUE TO, OR AS A	CONSEQUENCE OF	t	1 2	1			
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<i>i</i>	PART Z. UTHER SIG	MIFICANT CUNDI	TIONS CONTRIBUTING	TO DEATH DUT NOT	ACLAIGO IO I	HE TEXAMINAL DISE	MJE UK CUMDIII	ION GIFEN IN FART I(0)		
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7	190 DATE OF OPERA					YES 🗀	NO PS	CAUSES OF DEATH?		
			21b. TIME OF IN.		21c HOW	INJURY OCCURRED	Enter natur	e of injury in Part 1 or Part	2, Item 18.)	
	OR CONTRIBUTING [	CAUSE OF DEATH	n P.M	Aanth Day Year 19						
	21d INJURY OCCU	RRED 21e PI	ACE OF INJURY (AT	HOME FARM, STREET, FACTO FICE BLILDING, ETC	RY.) 21E LOCA	TION Street or R	.F.D. Na.	City or Town	County	State
	While Not whi	lle 🖂						- 1		
	22a. I certify t	that (I) (this	haspital) attend	led the deceased	from	79/68	, 19	to6/8, death accurred on the	19_69_, that	(I) (we) last
	saw the c	deceased of	re an 6/1	19.	<u>69</u> , and	hot in (my) (o	ur) opinion	death accurred on the	date and haur	and fram the
	couses sto	ated above,	(I) (Me) (qiq) (di	d nat) view the bo	ody offer de	OTN.			2c. DATE SIGNED	
	22b. SIGNATURE		m A	~ ~ ~ ~ ~ ~	DEGREE	ATTENDING PHYS.	MED MED	rm STAFF rm	/ / K /	19
1	22d PHYSICIAN'S	200	111	77 -07	DEAKEE	22e ADDRESS	DIRECTO	OR PHYS.	6/1°/	<del></del>
1	NAME (Type)	Che	orks - 1	1 Sim	LONS	(4.50	hard	My has	1	1
	230. BURIAL, CREMATION	, 23b. DA	TF	23c NAME OF CE		EMATORY	23d	LOCATION (City or Town)	(County)	(State)
	REMPYAL (Specify)	6/	11/1969	Zion M				Cumberland	Alleg	Md
	24. FUNERAL DIRECTOR	FICKS	31. 41.60	ADDRESS		2Sa.			AR S SIGNATURE	-
Jose	John II. É	laier,	7r. 230	Balto Ave	. Cumb	erlandoM	d I	2 1969 704	carles Jun	se .

MAKYLAND STATE DEPARTMENT OF HEALTH 07746 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH P . I'l . 2b. HOUR 1. DECEASED NAME Middle Lost 20. DATE OF DEATH Month 6 (Type or print) William Miller A. executed within 24 hours after 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years ELINDER I YEAR MONTHS last buthday) 1/19/1884 Male White 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED MEYER MARRIED COUPTY)
Pennsylvania Allegany County WIDOWED X DIVORCED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION ( f not in hospital 120. USUAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR ewe street oddress) Allegany Ounty Infirmary please remove carbon Lumberland event, 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before: 13c CTY OR TOWN 13d INJUGATE CITY LANCE. 13e STREET AND NUMBER Allegany Ellerslie Ellerslie. Maryland burial, cremation, or removal, and in ony 15. MOTHER'S MAIDEN NAME First cate be Miller Miller Samuel Ida 17 INFORMANT P. O. BOX 599, Address Cumberland Mi 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO [If yes give wor or dates of service] Yes, no, or unknown) 16-10-5699 Allegany County Infirmary records. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by the burial-transit p Conditions, if any, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) TO FUNERAL DIRECTOR: After this certificate has been 3 should be detached for use as the with the State Dept of Health prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 2Do. AUTOPSY? 20b JF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO T 210 ACCIDENT WAS UNDERLYING | 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2 Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) City or Town County Stote While Not while of work 22a. 1 certify that (I) (this haspital) attended the deceased from Aug. 1, 1960, to June 5, 1969, that (I) (we) lost saw the deceased alive an 1990, and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED MED DIRECTOR STAFF director, page 3 should be filed v DEGREE 22e ADDRESS 22d PHYSICIAN S Memorial Hospital, Cumberland, Md. BUR AL CREMATION VR A15 (4) 45M - 1/69

	1 tem 23 Film G415 MARYLAND STATE DEPARTMENT OF HEALTH  3/7/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	7 17 27 20 20 20 20 20 20 20 20 20 20 20 20 20	07735
HEALTH DEPT.	1. DECEASED NAME First Middle Last 20 DATE KNOWN A Month C	
oy is 3 to Poge ant of		13 19691:15
	3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years   IF UNDER 1 YEAR   F JNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOLR
	Male   White   Dec. 4,1929   39 YRS   Month June Day 13	Year 169 1:15 <sub>4</sub>
CO CONTRACT TO	7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED AND NEVER MARRIED 9 COUNTY OF DEATH	
fe for for	Country) Maryland USA WIDOWED DIVORCED Allegany	Md
frer death Give Pages 1, long with form ith the Style of	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 32a USUAL OCCUPAT ON (Kind of work done 1 give street addrest). O.A. Memorial Hospital Yaramaster  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 32a USUAL OCCUPAT ON (Kind of work done 1 give street addrest). O.A. Memorial Hospital Yaramaster	26 KIND OF BLSINESS OR
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s offer 18. Girl Along deoth	admiss an) STATE Md. 135 COUNTY Allegany La Vale YES NO ROUTE 5, Winch	acter Dood
5-6-4	14 FATHERS NAME First Middle Last IS MOTHERS MAIDEN NAME First Middle	lost
hin 24 hours ofter death nicl in Item 18. Give Pagginine's Office along with pages I and 2 with the State hours offer death	Russell F. Moore Violet Beall	LUSI
ncal in miner pages	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 1665 SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	Wife
s certificate should be executed within 2 e, writing the word "pending" in pencil is forwarded to the Chief Medical Exominer to used as a burial-transit permit. File page emoval, and in any event within 72 hour	Yes, no, or unknown)   Wass give wor or dotte: of sarrete)   Mrs. Patricia Moore, Rt. 5 Winc	hester Rd.
ed v en le ed le ed v	18 CAUSE OF DEATH (Enter on y one cause per line far (a), (b), and (c) )	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ecuted in ling" in edical Exercise Exer	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary Occlusion	Sudden
be exe "pendi nief Me onsit pe event	4/09 DUE TO, OR AS A CONSEQUENCE OF	
d 'p d 'p Chie frons	Conditions, if ony, which gave tise to .mmediate cause (a).  Coronary Sclerosis  DUE TO. OR AS A CONSEQUENCE OF	
should be executed to word "pending" is a vord "pending" is a the Chief Medical burial-transit permit.	stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF	
the shape of the right	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
This certificate shalling the warfing the value forwarded to the used os a buri		
certil orwar used mova	190. DATE OF OPERATION  195. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS  215. TIME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item	20. AUTOPSY?
his of the form of	WAS PERFORMED?	YES 🔲 NO 🔀
= = = =	21a EXTERNAL CAUSE WAS 215 TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item PRIMARY OR CONTRIBUTING 1 HOUR A.M	n 18)
INER: The certification of the	CAUSE OF DEATH P.M. 19	
ICAL EXAMINER: execute the certifor. Page 4 should stand for your files. CTOR: Page 3 shou buriol, cremotion,	WHILE NOT WHILE Inchary, office building, etc.)	Caunty State
EXAM cute th oge 4 r your r your r your l, crem	AT WORK AT WORK	
ICAL E exect for. Po ed for CTOR: buriol,	220. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry,	
oleose directo etoined DIREC	death resulted fram. Notural causes 🔀 , Accident 🔲 , Svicide 🔲 , Homicide 🔲 , Undetermined manner	_
JIY SIC. Try, please erol director be retained RAI DIRECT prior to bu	ACTUAL SIGNATURE CONTROL CONTR	IGNED
EPUTY SSGTY, F funeral oy be r JNERAL Ith prio	DEPLITY MEDICAL EXAMINER IX	13, 1969
	NAME (Type) Dr. Benedict Skitarelic, M.D. ADDRESS(Street, city, town, or county) Rt.9, Cu	mberland
TO D nece the S m Hed	230 BURIAL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Thyndma)	
	Burataria June 16,1969 Porter Cemetery /Near/ELL/978116,	
VR A15ME (5)	James F. Scarpelli, Cumberland, Md.  ADDRESS  250 REC'D BY REGISTRAR 250 REGISTRAR 5 SH	GNATURE Les Judge
10M REV 1/68	DAIRD DIVIT ( 1888 CONSTRUCTION	IN Younge

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4	_ 1		07748	DIVISION O	F VITAL RECORDS,		RESTON STREET ATE OF DE		RE, MAR	YLAND 21201	077	749
	death.		CEASED NAME Firstype or print) Anita		Middle Margaret	Morel	lost Land	20	. DATE OF I Jun	DEATH e Manth 6th Day	69 Yeor	2b. HOUR 635AM
	at the state of th	3. SE	x Female	4 RACE Whi	te		5. DATE OF BIRTH 11-25-1			6. AGE (In years last birthday) 73 YRS.	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	in 24 hour filled in b papers. hin 72 hou	7o f	IRTHPLACE (State or foreign try) Mo. St. Lo	76. CITIZEN OF W		8. MARRIED S WIDOWED [	NEVER MARRIED DIVORCED		UNTY OF	EATH Allegany		Md.
	within 24 pape by filled by pape within 7	1_	ITY OR TOWN OF DEATH Imberland, Md. USUAL RESIDENCE (Where decen	give	NAME OF HOSPITAL OR IN estreet oddress) imberland N.		`	during most of Housewi	CUPATION ( working ) fe &	Kind of work done fe, even if retired) FMス。 Pれのp。	126 KIND OF I INDUSTRY Restau	
	amplet sye car	odmi	ssion) STATE Md.	13b. COUNTY	ution Residence before egany	13c city or Cumbe:	TOWN 13d I	INSIDE CITY LIMITS?	13e, STR	er and number ' Prince Geo		
	n and o		ATHERS NAME First  Joseph		Lost Versen		MOTHER'S MAIDE	N NAME First Josephi	ine	Middle	Herlees	
	physician or please cen please caval, and in	16a Y	WAS DECEASED EVER IN J.S. AF es, na, ar unknown) (If yes give No	MED FORCES? war or dates of service]	215-20-72		Havry	Morelar	nd 31	Address C 8 Prince G		st.
	AN: The law requires that the death certificate be executed within 24 hours after death all or attending physician. It is a second ampletally filled in by the attending physician and (ampletally filled in by the attending physician and (ampletally filled in by the attending to the please remove carbon papers. Toges if and it within 72 hours offer death the atth prior to burial, crematian, ar removal, and in any event, within 72 hours offer death		1B. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMED	nly and cause per ! ED BY. IATE CAUSE (a)	line for (a) (b), and (c)		o Lent ;	Lailen	re		APPROX.A BETWEEN OF	MATE INTERVAL NSET AND DEATH  Yelve
	at the d the att sat pen		Conditions, it any, which gave rise to immed ate couse (a)	) (1)	AS A CONSEQUENCE OF	yperle.	mir Con	diora	u.	Disease	10 y	jeuro
0	aquires that the physician. signed by the burial-transit burial, cremot		stating the underlying couse last	DUE TO, OR	as a consequence of	melle	letus		<del></del>		Sine	1946
5	law required phinal signification for to burn	NO	PART 2 OTHER SIGNIFICANT (	ht _	Chonic Ch	olelik	Resaus	of Chol	eryst	the		
8	The law ratending e has lee use as the sift priarta	CERT FICAT			HICH OPERATION WAS P		20a. AUTOPSY?	NO Z	CAUSES	YES, WERE FINDINGS ( OF DEATH?		RTIFYING
	日後年出出	MEDICAL CE	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, notify medical exam	HOUR A.M.	. Manth Day Year - 1	9				n Part 1 ar Part 2,	item 1B.)	
	this this detacle Dep	*	nt work of work		AT HOME, FARM, STREET FA OFFICE BUILDING, ETC.				,	or Town	County	State
	TENDING ined by the DR: After the Columbia de de Ithe State I the State I		220 I certify that (I) (t sow the deceased couses stated above	his hospital) of olive on ve. (I) (we) (did	tended the deceos	ed from 19 <u>6 7</u> , onc body after d	<i>( 9 4- (o</i> ! thot in (my) ( leoth.	, 19 <del> our] o</del> pinion	, to <u>4</u> i death o	ccurred on the do	te ond hour	(I) (we) lost ond from the
	RECTO		22b. SIGNATURE W. A. Va	n Olmo	a, n.D.	DEGR	ATTENDING	MED.			DATE SIGNED	69
	TO HOSPITAL OR ATTENDING Page 4 may be retained by 1 O ILUNERAL DIRECTOR: After director, page 3 shaull be a shall be filed with the State		22d. PHYSICIAN S	A. VanOn	imer, M. D.		220. ADDRESS 122 S	io. Cent	tre S	t. Cumberl	and, Md	
	TO HOSPITAL ( Page 4 may b TO IUNERAL D director, page should be file		REMARKS 6	DATE 17/69		incoln	Cremato.	ry wa	ishing			(State)
	OM REV 188	24	funeral director H. Wayne Georg	e 202 Gr	ADDRESS Leene St. (	: Cumberl	and Md	REC'D BY REC	GISTRAR 1980	25b. REGISTRAR'S	SIGNATURE	ur.

MAKTLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH

		07750	IVISION O	F VITAL RECO	RDS, 301 V	V. PRESTO	RTMENT OF STREET, BALL	IMORE, MARY	LAND 21201		OHAM	
TATE				MEDICAL		NEK,2 C	RTIFICATE	OF DEATH	_		077	
DEPI.		CEASED NAME ype or Print)	R.	AT	M ddle		PRICE		2a DATE KNO	WN - Month		2b HOUR
	3 SE	V la pace				ACT	IF UNDER 1 YEAR	4F JNDER 24 NRS	DEATH MA	IED 🔲 Jun	e 6,69	10a
				S DATE OF BIRTH		AGE (In years tast birthday)	MONTHS DAYS	HOURS MIN.		OUNCED DEAD	Year	2d. HOUR
	-			FEB. 11,		72 YRS			June		969 19	10a N
	caun	RIHPLACE (State or fore (Y) MARYLAND	gn //b.	CIT ZEN OF WHAT O	OUNTRY?		RRIEDNEVER MA DIVED <b>X</b>		UNITY OF DEATH			
	_	TY OR TOWN OF DEATH		U.S.A.	DE MOSPITAL O		(If not in haspita	DRCED	ALIEGA		12b KIND OF BU	M CIMITES OR
ē	10 (	CUNBERLAND					Hospital	dring most	CCUPATION (KITE S <del>250/410</del> 8 lefts:	saft work gaue	INDUSTRY	SIMESS OK
1	13e	USUAL RESIDENCE (When		lived if institution	Pesidente he	etora 130 CITY	OR TOWN 3	d. INSIDE CITY LIMITS?	13e STREET AN		DEV-MM U	i. R.
/	00	mission) STATEMARY	LAND	13b. COUNTY A	LLEGANI			YES NO	J. T. SINGET AU	ID THUMBER		
			st	Middle		ast	IS MOTHER'S MAI	DEN NAME First		Middle	Las	st
		OWEN			PRICE			SAR	AH		CLOSE	"
		VAS DECEASED EVER IN U.S			SOCIAL SECUR		7. INFORMANT			ADDRESS 5 R	CHARD WA	AY
	[36	YES unknown)	(II. M. M. M.	or dates of service)			WILLIAM	R. PRICE	, LA VA	LE, MD.	21502	
		18 CAUSE OF DEATH	Enter anly o	ne couse per line f	ar (o), (b), and	(c))					APPROX MAT BETWEEN ONSE	E INTERVA, T AND DEATH
		PART DEATH WA	IS CAUSED BY IMMEDIATE I	r EALSE (o)		CAR	CINOMAT	OSIS, G	ENERAL	IZED		ar
		15/7		DUE TO, OR AS								
		Canditions, Yany, who		(b)		CAR	CINOMA (	OF STOM	ACH, P	RIMARY	18 Mo	nths
		stating the under ying		DUE TO, OR AS	A CONSEQUENC	E OF						
		last	,	(c)							,	
		PART 2 OTHER SIGNIFICA	NT CONDITIO	NS CONTR BUTING	TO DEATH BUT	NOT RELATED	TO THE TERMINAL D	HSEASE OR CONDITION	ON GIVEN IN PAI	RT 1(o)		
	TION	190. DATE OF OPERATION	V .	196	CONDITION FO	OR WHICH OP	RATION				20. AUTOPS	543
)	CERTIFICATION	June 18	. 196	59	WAS PERFORI	WED? Cal	cinoma	of Sto	mach		YES [	NO M
(	CER	210 EXTERNAL CAUSE W	AS	216 TIME OF INJU	IRY Month, Day,		Ic HOW INJURY OC			Part 1 ar Port 2 1		LE F
	MEDICAL	PRIMARY OR CONTRI	BUTING [	HOUR A.M.		19						
	ME	21d INJURY OCCURRED		E OF INJURY (At h		et 2	if LOCATION Street	or R F D No	City ar To	wn	County	State
		AT WORK AT WORK		y, affice building, e	rc.)							
		22o. I certify	that I took	chorge of the r	emoins desc	ribed obov	, held an Auto	psy , In	spection 🖹	Inquiry [	XI, ond in r	ny opin or
		death resulted					Suicide .			nined monner		7
		1			7, '_			EF MEDICAL EXAMIN	·		hanned	
1		ACTUAL SIGNATURE	me d	uts	Kilar	clic	,	ISTANT MED CAL EX		22b. DATI		
		EXAMINER'S						UTY MEDICAL EXAM			6, 1969	
		NAME (Type)	BENI	EDICT S	KITARI	ELIC.	M.D. ADD	RESS(Street, city, to	own, or county)	A.	LLEGANY	
	23a	BURIAL, CREMATION,	23b DA	TE	23c NAME	OF CEMETERY	OR CREMATORY	23d	LOCATION (Cit	r ar Tawn)	(County) (S	State)
		REMOVAL (Specify)	Jun	e 9, 196		art Ce	metery			hart, M		
	24.	FUNERAL DIRECTOR	And de Lides were	m mm exam	Al	DDRESS	•	2So. REC D BY RE		2Sb. REGISTRAR'S		
3		JOSEPH R.	DUKS'	T, FROST	BURG, N	w. 21	32	DATE UN 1	2 1969	filler	Can Judge	R.

	- 1	1			301 W. PRESTON STREET, BALTI		
v			07751		ERTIFICATE OF DEATH	MORE, MARTLAND 21201	07743
	death neral and 2 death		ECEASED NAME First Type or print)	Middle	Last	20 DATE OF DEATH	2b HOJRA
	r deat		JAMES	R.	PUFFENBARGER		24 Yeor 69 1:30 M
	affe offe	3 5	MALE	4 RACE WHITE	S. DATE OF BIRTH 10-03-9		IF UNDER 1 YEAR IF JADER 24 HRS
	a series and a ser	70 cau	BIRTHPLACE (State or foreign 7	b CITIZEN OF WHAT COUNTRY?	MANUSCIED T MEACK WARKIED	COUNTY OF DEATH	
	4		VIRGINIA	U.S.A.	WIDOWED DIVORCED	ALLEGANY COUNT	Y Md.
	within Surfice ban pa		CITY OR TOWN OF DEATH  CUMBERLAND	NAME OF HOSPITAL OR INS	HOSPITAL dunCAR	OCCUPATION (Kind of work done	NDUSTRY CONSTRUCTION
	executed within	13a. adır	JSJAL RESIDENCE (Where deceased issian) STATEW. VA.	lived, if institution Residence before  36 COUNTY Mineral	WILEY FORD YES NO		
	0 5 5 5	14.	FATHER'S NAME First ANDY .	Middle Last PUFFENBA	ARGER	ST ELIZABETH EYE	PUFFENBARGER
1	physician physician en please aval, and i	160	WAS DECEASED EVER IN U.S. ARMED (es, na, grupknawn) (If yes give war	D FORCES? or dates of service) 16b SOCIAL SECURITY N 705 - 10 -840		SETON DR., Address	, MD. 21502
51572	uning PHYSICIAN: The law requires that the death of by the hospital ar attending physician.  After this certificate has been signed by the attending 1 be detached for use as the burial-transit permit. The State Dept. af Health priar ta burial, crematian, ar rem	MEDICAL CERTIFICATION	PART 1 DEATH WAS CAUSED E IMMEDIATE  Conditions, if any, which gave nose to immed ate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITION 1990 DATE OF OPERATION 1990 CONTRIBUTING CAUSE OF DEATH (If either, notify med cal examiner 21d INJURY OCCURRED 21e PL While 18 Not while 18 there of work 18 of the contribution	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  ITIONS CONTRIBUTING TO DEATH BUT NO  SOLUTION FOR WHICH OPERATION WAS PER  216 TIME OF INJURY  HOUR A M Month Day Year  P M 19  ACE OF INJURY (AT HOME, FARM, STREET, FACT	FORMED 200. AUTOPSY?  YES NO X  121c HOW INJURY OCCURRED (Enter	PODITION GIVEN IN PART I(a)  20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?  City or Town	APPROXIMATE INTERVAL BETWEEN ONSET AND GRAITH  CLASSIC  CLASSIC  SIDERED IN CERTIFYING  m 18)  County State
•	VR AIS IN	E	22b SIGNATURE  22d PHYSICIAN'S NAME (Type)  BURIAL CREMATION  SEMONAL (Specify)  FUNERAL DIRECTOR  23b DA  FUNERAL DIRECTOR  23c DA  2	AGAN, M.D.  26,1969 23c NAME OF C Sunset	DEGREE PHYS DIR  22e ADDRESS 1068 NATIONA  EMETERY OR CREMATORY Memorial Park MD. 21502 250 RECD.BY	D STAFF 22c. DA LECTOR PHYS C	MD. 21502  (County) (State)
	45M - \(\delta \)	51	CARPELL I/ FUNERAL	HOME #108 VIRGINIA	A AVE., COMB.DATE	5 7 1000	1

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1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	Item#6, FilmG414 7/7 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07744
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWNY Month Do	
2, phd 3 to 2, phd 3 to PM3 Page	Floris Rudolph Raines DEATH MATED June 2	7,1969 30P <sub>M</sub>
deloy 3 Pa	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years   FUNORE 1 YEAR   FUNORE 24 HBS 20 DATE PRONOUNCED DEAD    Male White 7-7-1900   MONTHS DATS HOURS MIN Month June Day 27.	2d HOUR
N N N N N N N N N N N N N N N N N N N	Male White 7-7-1900 65.5 YRS What Country? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1969 5:30 M
- E 174 }	Country) W. Va. U.S.A. WIDOWED Z DIVORCED Allegary	Md.
	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospite 1120 US.18) OCCUPATION (Kind of work done 122	NO 229NIZ-19 DE RE-SINESS OR
Give Pages ong with Collection	Cumberland   give street oddress)   Memorial Hospital   Self Emp. trucker   INC	Hauling
often of the	1 130. USUAL KIS DENIE INCHES ONCOURS OF THE INCIDENCE DESIGNATION OF RESONANCE DESIGNATION OF THE PROPERTY OF	-
	odmiss on) STATE West Voirginia 136. COUNTY Hampshire Rosmey YES ▼ NO □ Box 81  14. FATHER S NAME First Middle Lost 15 MOTHER S MAIDEN NAME First Middle	
hin 24 houndlin 18em niner's Offic poges Tope		Smith
hin 24 ncil in 8 niner's poges 1 pours o	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17, INFORMANT A DORFESS.	
INER: This certificate should be executed within 24 hours ofter death to certificate, writing the word "pending" in pencil in Item 18. Give Page should be forwarded to the Chief Medical Examiner's Office olong with files.  3 should be used as o buriol-transit permit. File pages load 2 with the Sha totion, or removal, and in any event within 72 hours ofth death.	(Yes, no, or unknown) (If yes give war or darks of service) 217-10-6715 Flour W Tainer Spice	wills willa
XAMINER: This certificate should be executed wit to the certificate, writing the word "pending" in pege 4 should be forwarded to the Chief Medical Exaryour files.  age 3 should be used as o buriol-transit permit. File cremation, or removal, and in any event within 72	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVA, BETWEEN ONSET AND GEATH
edira edira erm erm	IMMEDIATE CAUSE (a)	1 Hour
e ex pent ef M sit p	Conditions, if ony, which gove )  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove )  (b)  Coronary Sclerosi.	
Ild b rrd " Chii tror	nse to immediate couse (a) (b) DUE TO, OR AS A CONSEQUENCE OF	
shou we the uriol	lost.	
AL EXAMINER: This certificate should execute the certificate, writing the word ir. Page 4 should be forwarded to the Ch for your files.  FOR: Page 3 should be used as a buriol-tractical, cremotion, or removal, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
tifica niting arde: d as	199. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
This certificate, writing the forward be used in removal	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	YES NO TX
This incore be do be	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	
NER: The certification belong the should be should be should be the shou	PRIMARY OF CONTRIBUTING OF HOUR A.M  CAUSE OF DEATH  P.M. 19  21d INUJRY OCCURRED 21e, PLACE OF INJURY (At home, form, street). 21f OCATION Street or R.F.D. No. Gity or Town	
MIN the 4 sh 4 sh r falk r falk mot	₹ 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, whiteNOT WHILE NOT WHILE	County State
	AT WORK AT WORK	
AL I exec r. Per I for OR: Urial	22a. I certify that I took charge of the remains described obove, held on Autopsy Inspection , Inquiry	ond in my opinion
	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner	1
ple reto L DI	ACTUAL SIGNATURE SIGNATURE 226. DATE SIGNATURE 226. DATE SIGNATURE 226. DATE SIGNATURE	NED
Sory, be RAA	EXAMINER'S DEPUTY MEDICAL EXAMINER X June 27. 1	969
necessory, pleose the funeral direct 5 may be retoine TO FUNERAL DIRECT Heolth, prior to be	NAME (Type) Defied to Skitarelic, M. D. ADDRESS (Sheet, city, town, or commberland, M.	
01 0 0 4 4 0 1 1	REMOVAL (Spec fv)	ounty) (Stote)
	Burial 6-30-69 Indian Mound Cemetery Romney, Hamp	STITE W.Va
VR A15ME  5  10M REV 1/68	William G. Kight Cumberland, Md. Will 2 1969 Volumes	Judge.



		17753 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07745
HEALTH DEPT.		FLEEASED-NAME First Middle Last 20 DATE KNOWN Month D	
~ 4 k mg	1	FREDERICK ANON RANKIN DEATH MATED June 3	18,1969 3:30M
STAVIE	3. \$	MANUEL BANK MANUEL	2d. HOUR
P 8 8 4	$\mathbb{N}$	MALE WHITE NOV.23,1907 61 YES   Tune 18, 19	26 HOUR 9
2, 2, 7		B.RTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED (X) NEVER MARRIED [3] 9. COUNTY OF DEATH	
form te D	caur	MARYLAND U.S.A. WIDOWED DIVORCED ALLEGANY	Md
Sta	10 (		26 KIND OF BUSINESS OR
haurs after death any them 18 Give Pages 1, 2, 0 often glong with farm PlandZwith the State Departation of the death		ROSTBURG Miners Hospital—DOA LABORER duping most of working life, even if retired)	BRICKYARD
S after 18 Girls	13a	SUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. Millor CITY L.M. S7 13e. STREET AND NUMBER PROS	
26 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		dmission) STAM ARYLAND 136 COUNTALLEGANY BORDEN MINES ON R.F.D.2, BOX	305.
haurs of Jem 18 Office of and 2 wi	14. F	ATHER'S NAME First Middle Lost, IS MOTHER'S MAIDEN NAME First Middle	Last
			McCREADY
ed within 24 in pencil in 1 Examiner's Extension 72 hours	160. {Y	WAS DECEASED EVER IN U.S. ARMED FORCES?  (if yes que wor or dates of service)  166 SOCIAL SECURITY NO. 17. INFORMANT BOX 305, FROSPBURG,	MD.
with year		NO N.A. 214-01-0081 MRS. FREDERICK A. RANKIN R.F.	, D. 2
Pin		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executing" pending" ief Medico insit permiterent with		IMMEDIATE CAUSE (a)  Barbiturate Poisoning	1-2 Hours
ex ent ent		9500 DUE TO, OR AS A CONSEQUENCE OF	
Tans		Conditions, if any, which gave rise to immediate cause (a).  (b) (Self Administered)	11
an)		storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ite shauld be executed wit the ward "pending" in pe d ta the Chief Medical Exan a burial-transit permit. File ind in any event within 72		(c)	
MINER: This certificate should be executed within 24 hours after death the certificate, writing the ward "pending" in pencil in Item 18 Give Pag 4 should be farwarded to the Chief Medical Examiner's Offermally with refiles.  In the standard be used as a burial-transit permit. File pages land 2 with the Standard and in any event within 72 hours after death		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
UNER: This certificate writing shauld be farwarder files. 3 shauld be used as nation, ar remayal, a	NOI	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	no Alifonovo
forw use	E	WAS PERFORMED?	20. AUTOPSY?
Thir cate	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES NO
S. S	3	PRIMARY OR CONTRIBUTING HOUR A.M.	1 10 ;
INER: e cert shaul files. 3 shau	MED.	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. Na. City or Town	County State
AM: e the thank		21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	
ITY DICAL EXAMINER: This certificate shauld be executed wirry, please execute the certificate, writing the ward "pending" in peral director. Page 4 shauld be farwarded to the Chief Medical Example retained far yaur files.  RAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File priar to barial, crematian, ar remayal, and in any event within 72		22a. I certify that I taak charge of the remains described obove, held an Autapsy [X], Inspection [X], Inquiry [X]	and in my opinion
CAI or. ex CTO for		death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner	, ,
acine to		CHIEF MEDICAL EXAMINER	
Plant and		SIGNATURE DENOMICE SETEMBLE MD. ASSISTANT MEDICAL EXAMINER 22b. DATE SH	GNED
ony nerd be ERA		DEDUTY HEDICAL CYCHINED THE TANKS THE TO	969
necessary, please en the funeral director 5 may be retained TO FUNERAL DIRECTOR Hamalth prior to base		NAME (Type) BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or county) ALLEGAN	VY
necessary, please execute the the thread director. Page 4 st 5 may be retained far yaur fit TO FUNERAL DIRECTOR: Page 3 Hmalth priar to barial, crema	23a		ounty) (State)
	- 13	HRIAT 6/21/60 REOSTRIEG MEMOREAT BARY ERUSTRIEG ATT	EGANY MD
VIII AND TO A DO	21/	HARDERS - 250 PEC D RY DEGISTER OF A PECIFICAL COLOR	NAT. IRE
VR A15ME (5)/17 10M REV. 1/68		Varila, M. Sources HOME, 60 W. MAIN, FROSTBURG DAILUN 3 0 1969 / Clianes	0 0

MARYLAND STATE DEPARTMENT OF HEALTH

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		ND STATE DEPARTMENT OF H		
07754		, 301 W. PRESTON STREET, BALTIF CERTIFICATE OF DEATH	MORE, MARYLAND 21201	07746
(2	irst Middle	Last	2a. DATE OF DEATH	2b HOUR
LAD		REXPODE	06 Manth 22 Oay	69 Yeor3:50A M
3. SEX	4. RACE	S. DATE OF BIRTH	6 AGE (In years	AF UNDER LYEAR OF UNDER 24 HRS
MALE	WHITE	9-13-188		AND THE PART OF TH
70. BIRTHPLACE (State or fareign country) MARYLAND	76 CITIZEN OF WHAT COUNTRY?  UNITED STATE	Mending M. HEARY MAKKETO	COUNTY OF DEATH	
10 CITY OR TOWN OF GEATH			OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
CUMBERLAND,	MD. give street oddress)	HOSPITAL Real	t of work ng life, even il retired). Estate Broker	INOUSTRY
130 USUAL RESTOENCE (Where de	ceosed lived. funstitution Residence before	13c CTY OR TOWN 13d. (NSIDE CITY EIM	TSP 13e STREET AND NUMBER	
	AND 13b. COUNTALLEGANY	CUMBERLANDES X NO	T/T UAL IIV	MORE AVE.
14 FATHER'S NAME First	Middle REXR	IS MOTHER'S MAIDEN NAME For		Lost
160. WAS DECEASED EVER IN US		11111		JORDON
Yes, no or unknown) (# yes	give war or dates of service) 159-14-		SPITAL CUM	ID MD
	r any ane cause per one far (a), (b) and (a		STITE CON	APPROX MATE INTERVAL
PART 1 DEATH WAS CA	HSFD RY			BETWEEN OWSET AND DEATH
in IMN	Refrector	Chronic and Acu	to Con Pulmon	days
Canditions, if any, which go	(cheonic 1	Bronchitis Pulmon		a <b>1.0</b>
rise to immediate cause ( storing the underlying cou	a), OUE TO OR AS A CONSEQUENCE OF	and Pulmonary F	ihrosis-Advan	сей жаж
lost.	(c)			fears)
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)	
& Generalize	d Arterioscleros	sis with Cerebral	Insufficienc	<u>y</u>
190 DATE OF OPERATION 210. ACCIOENT WAS UNDER	196 CONDITION FOR WHICH OPERATION WAS P		20b IF YES, WERE FINOINGS CO	ONSIDEREO IN CERTIFYING
21a. ACCIDENT WAS UNDER	LYING 21b. TIME OF INJURY	YES NO		ton (h)
S GOR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. Month Coy Year	Г	iulule or injury in Part I or Part 2, I	item 16.)
	ominer) P.M.  21e PLACE OF INJURY (AT HOME FARM STREET FL OFFICE BUILDING, ETC.	RETORY, 21f LOCATION Street or R.F.D. No.	City or Town	Caunty State
While Not while at work	OFFICE BUILDING, ETC.	Jan Sounds Short of RT D. No	City or 10 Wil	county Jiule
22a. I certify that (I)	(this haspital) attended the deceas	ed from May 19.1969)	_, toJune_229	69, that (Dawe) last
saw the deceased	d al ve an 6=22=59	ed fram <b>May 19,1969</b> 19, and that in (my) ( <b>X</b> r) apin	an death accurred on the da	te and havr and fram the
22b SIGNATURE	ave. (I) (we) (did) (did not) view the	pody after death.	00.	DATE SIGNEO
STOTIATION.	11/1/2 /1/1/	OEGREE PHYS ENDING MEG		6+23=69
22d. PHYSICIAN'S	Malk G. Q. Himmelwr	Somb + NE TO 228 ADDRESS		
NAME (Type) X R R	XIAMES 127 Va	COMBERI	AND, MD.	
0.011.0		CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(Caunty) (State)
		nt Grove Cemetery	Cumberland Alleg	any Maryland
24 FUNERAL OIRECTOR	AODRESS	21502 250 1417	SEGISTRAP 969 25b REGISTRAP S	May 10 george
SILCOX-Merritt	Funeral Service. C	umberland, Md OATE	**	U



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  OF THE CHARGO NAME FIRST ANNA MIGHT CERTIFICATE OF DEATH  ANNA M. RICKER  B. SABLIO FIRST BERT BALE FOR SABLING STREET, BALTIMORE AND S	on fr		1	l		DIVISIO				MENI UF HEAI IRFET RAITIMO		21201		
Locate Carded Damae   Frest   Annua   Ricker   So Date of Bears   So	100		•		07755	01113101	TO THE RECORD				KE, MAKIDANU	21201	07	747
ANNA M. RICKER G. Morth 14 page 69 few 77.50 m  RICKER J. S. DAI OF BERTH  TO BETHINGER (Same or foreign county)  ANNA M. RICKER J. S. DAI OF BERTH  TO BETHINGER (Same or foreign county)  MARYLAND  D. CHIZEN OF WHAT ITE JOHN OF WHAT DAILY AND STREET COUNTY AND STR		€!	24				Middle		<u>L</u> ast	20				
VES NO CAUSES OF DEATH?    VES NO CAUSES OF DEATH?   VES NO COURSED   CAUSE OF DEATH?		deo	3.8	1	ype or print)	AN	INA M.		RICKER		6 Mantl	4 Day	69 Year	* ·
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VES NO CAUSES OF DEATH?    VES NO CAUSES OF DEATH?   VES NO COURSED   CAUSE OF DEATH?		Po TE		L	FEMALE		WHITE		7	/6/95	lost birt	73 YRS.	MONTHS DAYS	HOURS MIN
VES NO CAUSES OF DEATH?    VES NO CAUSES OF DEATH?   VES NO COURSED   CAUSE OF DEATH?	_	our by	- Dar	7a	IRTHPLACE (Stote or foreign			B MARRIE	NEVER MA	RRIED 9. CC				
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VES NO CAUSES OF DEATH?    VES NO CAUSES OF DEATH?   VES NO COURSED   CAUSE OF DEATH?		ote Cian	and	léo	WAS DECEASED EVER IN U.S. ARMI	D FORCES?	16b SOCIAL SECURIT	Y NO. 17	INFORMANT					
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VES NO CAUSES OF DEATH?    VES NO CAUSES OF DEATH?   VES NO COURSED   CAUSE OF DEATH?		the in	# # # # # # # # # # # # # # # # # # #		Conditions, if any, which gave				nlas.	2 0			1.	1
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VES NO CAUSES OF DEATH?    VES NO CAUSES OF DEATH?   VES NO COURSED   CAUSE OF DEATH?		y re	2	3										
THE either, natify medical examiner)  P.M.  19  21d. INJURY OCCURRED While of work at work  22d. I certify that (I) (this haspital) attended the deceased from 2 - 19 64. to 6 - 4 - 19 69, that (I) (we) last saw the deceased alive an 19 64, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.  22d. PHYSICIAN'S NAME (Type)  DR. LEWIS BRINGS  23c. NAME OF CEMETERY OF CREMATORY  PHYS  23d. LOCATION Street or R.F.D. No  City or Town  Caunty  Stole  City or Town  Caunty  Stole  Caunty  Stole  OF INJURY  (At HOME FARM, STREET FACTORY)  21d. INJURY OCCURRED While of work at work  22d. I certify that (I) (this haspital) attended the deceased from 2 - 19 64. to 6 - 4 - 19 69, that (I) (we) last and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.  22e. ADDRESS  NAME (Type)  DR. LEWIS BRINGS  23c. NAME OF CEMETERY OF CREMATORY  PHYS  County  Cou		endiv	S TO I	ATIC	190. DATE OF OPERATION 19b. C	ONDITION FO	OR WHICH OPERATION WAS	PERFORMED	20a. AUTO	OPSY?			ONSIDERED IN CE	RTIFYING
THE either, natify medical examiner)  P.M.  19  21d. INJURY OCCURRED While of work at work  22d. I certify that (I) (this haspital) attended the deceased from 2 - 19 64. to 6 - 4 - 19 69, that (I) (we) last saw the deceased alive an 19 64, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.  22d. PHYSICIAN'S NAME (Type)  DR. LEWIS BRINGS  23c. NAME OF CEMETERY OF CREMATORY  PHYS  23d. LOCATION Street or R.F.D. No  City or Town  Caunty  Stole  City or Town  Caunty  Stole  Caunty  Stole  OF INJURY  (At HOME FARM, STREET FACTORY)  21d. INJURY OCCURRED While of work at work  22d. I certify that (I) (this haspital) attended the deceased from 2 - 19 64. to 6 - 4 - 19 69, that (I) (we) last and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.  22e. ADDRESS  NAME (Type)  DR. LEWIS BRINGS  23c. NAME OF CEMETERY OF CREMATORY  PHYS  County  Cou		The att	용류시	RTIE					YES [	] но 🗀	CAUSES OF DEATH	?		
THE either, natify medical examiner)  P.M.  19  21d. INJURY OCCURRED While of work at work  22d. I certify that (I) (this haspital) attended the deceased from 2 - 19 64. to 6 - 4 - 19 69, that (I) (we) last saw the deceased alive an 19 64, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.  22d. PHYSICIAN'S NAME (Type)  DR. LEWIS BRINGS  23c. NAME OF CEMETERY OF CREMATORY  PHYS  23d. LOCATION Street or R.F.D. No  City or Town  Caunty  Stole  City or Town  Caunty  Stole  Caunty  Stole  OF INJURY  (At HOME FARM, STREET FACTORY)  21d. INJURY OCCURRED While of work at work  22d. I certify that (I) (this haspital) attended the deceased from 2 - 19 64. to 6 - 4 - 19 69, that (I) (we) last and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.  22e. ADDRESS  NAME (Type)  DR. LEWIS BRINGS  23c. NAME OF CEMETERY OF CREMATORY  PHYS  County  Cou		N. I or	eo Jeol					21c.	HOW INJURY OC	CURRED (Enter notu	re of injury in Port 1	ar Part 2,	Item 18.)	
		Pig-	<b>₩</b> 5	EDICA			P.M.	19						
		HYS llas	ache		21d. INJURY OCCURRED 21e P	LACE OF IN:	SURY (AT HOME FARM, STREET OFFICE BUILDING, ETC	FACTORY.) 21f.	LOCATION Stre	et at R.F.D. Na	City or Town		County	Stote
		4 E	de Did											
		by frer	Stat		22a. I certify that (I) (this	haspital	attended the deced	sed fram_	2-1	, 19.64	to 6-4	, 19.	Æ9 , that	(I) (we) last
		END Red	P e e	П	saw the deceased ati	/e an		_19 <i>6-5_</i> , a	nd that in (m	ny) (aur) apınian	death accurred	an the da	te and haur o	ind fram the
	- 4	ATT ATT	er l			(1) (ME) (	(ala) (ala liai) view ili	e budy une	deam.			22.	BATE CICNED	
		OR O	~ ≱ /	Ш	7 . 1	45 -1.	-0 [1/2]	DF		ING MED	STAFF			
		4L (	ege f.le		22d. PHYSICIAN'S	187/	230 11. 15		11113		JK - PHIS	<u> </u>	2-87	
		PIT, mc	d be		NAME (Type) DR. L.	EWIS	BRINGS				CUMBER	LAND,	MD. 21	502
		S S S	aula	23o	BUR AL, CREMATION 236 DA	ITE,	23c NAME O	F CEMETERY C						
		0 0	들중	F	Survey 6	17/	69 Sun	set.	memo.	PK. C	umber	land	allen	in line
45M 1 STEIN'S FUNERAL HOME -117 FREDERICK STREET   DATE OF 1969			00/12/14				ADDRE	SS		25a. REC D BY REG	ISTRAR 25b	REGISTRAR S	SIGNAYDES	1
CIMPERIANA MARVIAND 21403		458	M 1789	S*	EIN'S FUNERAL	HOME	-117 FREDER	ICK ST	REET	DAIL TON	1969	- Company	AL MAIN	Tie.



DIVISION OF VITAL RECORDS, 36-7 W. PRESTION STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  1 DECASEDMANE (Type or print)  1 DECASEDMANE (Type or print)  3. SEX  MALE  ARCE (Type or form)  ARCH (Type or	CERTIFICATE OF DEATH    Cott			1					ID STATE DEPARTM				
TO ECEASED. NAME (Type or print)  IT DECEASED. NAME (Type or print)  WILLIAM  H.  POBERTSON  JUNE Month 19 Day 1989  20 HOUR  1:124  3. SEX  MALE  MALE  MALE  MALE  MALE  MARKE  MARKE  MARKE  MALE  MARKE  MARKE  MARKE  MARKE  MARKED  TO -44-93  DIVORCED  DIVORCED  DIVORCED  MAPYLAND  10 CITY OR TOWN OF PEATH  CUMBER LAND  MAPYLAND  10 CITY OR TOWN OF PEATH  CUMBER LAND  MARKED  M	Detas Dame   First   Middle   Lost   POBEPTSON   20. DATE OF DEATH   JUNE   Month 19 Doy 1969   3. SEX   MALE   4. RACE   S. DATE OF BIRTH   10 - 4 - 93   5. DATE		16	+-	07756		DIVISION OF				RE, MARYLAND 21201	0. W W d	•
Type or print)  WILLIAM  H. POBERTSON  JUNE Month 19 Day 1989  1: 128  3. SEX  MALE  WHITE  10-4-93  6. AGE (In years to what country? Whith the part of the part	Type or prim! WILLIAM H. ROBEPTSON JUNE Month 19 Doy 1989  3. SEX MALE WHITE 1.0—4—93 C. AGE (In years 1975+thday) YES WOOD TO PEATH 1.0—4—93 C. AGE (In years 1975+thday) YES WOOD TO PEATH 2.0 COUNTRY OF DEATH ALLEGANY  10 CITY OR TOWN OF DEATH 1.0 CITY OR TOWN OF DEATH 2.0 COUNTRY OF DEATH 3.0 COUNTRY OF DEATH 3.0 CITY OR TOWN OF DEATH 2.0 CITY OR TOWN OF DEATH 3.0 CITY OR TOWN				01100							0774	
3. SEX  MALE  4. RACE  WHITE  70. BIRTHPLACE (Stole or foreign rountry)  MAPYLAND  11. NAME OF HOSPITAL OR INSTITUTION (I find in hospital and	S. SEX   MALE   WHITE   S. DATE OF BIRTH   O — H = 93   O   O   O   O   O   O   O   O   O	4	rath.				I A11					Y LAME	
MALE WHITE  10-4-93    COUNTY OF DEATH   COUNTRY   MARRIED   PROPERTY	MALE WHITE  10-4-93  WHOLE STREET AND CHIESTON OF WHAT COUNTRY?  S MARRIED NEVER MARRIED ON NOVE OF STREET AND NUMBER OUT ON NEVER MARRIED ON NOVE OF STREET AND NUMBER OUT ON NEVER MARRIED ON NOVE ON THE NEW MARRIED ON NOVE ON NOVE ON NOVE OF STREET AND NUMBER OUT ON NOVE ON NOVE OF STREET AND NUMBER OUT	-	r de	12.5	EV.	WILL		Пе					
70. BIRTHPEACE (Stote or foreign country)  MARYLAND  USA  **MARRIED**  **NOTHER'S MALE GANY  MARYLAND  USA  **MARKIED**  **NOTHER'S MALE GANY  MARKIED**  **NOTHER'S MARKED CCUPATION (Kind of work done during most of working life, even if ret red)  **IND.STRY  MACHINE GENERAL OF BUSINESS OR WIND.STRY  MIND.STRY  MACHINE GENERAL OF BUSINESS OR WIND.STRY  MACHINE GENERAL OF BUSINESS OR WIND.STRY  MACHINE GENERAL OF BUSINESS OR WORKING life, even if ret red)  **IND.STRY  MACHINE GENERAL OF BUSINESS OR WORKING life, even if ret red)  **IND.STRY  MACHINE GENERAL OF BUSINESS OR WORKING life, even if ret red)  **IND.STRY  MACHINE GENERAL OF BUSINESS OR WORKING life, even if ret red)  **IND.STRY  MACHINE GENERAL OF BUSINESS OR WORKING life, even if ret red)  **IND.STRY  MACHINE GENERAL OF BUSINESS OR WORKING life, even if ret red)  **IND.STRY  MACHINE GENERAL OF BUSINESS OR WORKING life, even if ret red)  **IND.STRY  MACHINE GENERAL OF BUSINESS OR WORKING life, even if ret red)  **IND.STRY  MACHINE GENERAL OF BUSINESS OR WORKING life, even if ret red)  **IND.STRY  **IND.	70. BIRTHPACE (Stote or foreign country)  71. CHIZEN OF WHAT COUNTRY?  8 MARRIED   DIVORCED   DIVORCED   ALLEGANY  MARY LAND  10. CHY OR TOWN OF DEATH  COUNTRY MARY LAND  10. CHY OR TOWN OF DEATH  COUNTRY ALLEGANY  10. STREET AND NUMBER  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or working life, even if ret red)  120. CHY OR TOWN OF DEATH  COUNTRY ALLEGANY  130. SUSUA, RES DEVEL (Where decrosed lived, in national or: Residence before 13c. CHY OR TOWN  130. SUSUA, RES DEVEL (Where decrosed lived, in national or: Residence before 13c. CHY OR TOWN  130. SUSUA, RES DEVEL (Where decrosed lived, in national or: Residence before 13c. CHY OR TOWN  130. SUSUA, RES DEVEL (Where decrosed lived, in national or: Residence before 13c. CHY OR TOWN  130. SUSUA, RES DEVEL (Where decrosed lived, in national or: Residence before 13c. CHY OR TOWN  130. SUSUA, RES DEVEL (Where decrosed lived, in national or: Residence before 13c. CHY OR TOWN  130. SUSUA, RES DEVEL (Where decrosed lived, in national or: Residence before 13c. CHY OR TOWN  130. SUSUA, RES DEVEL (Where decrosed lived, in national or: Residence before 13c. CHY OR TOWN  130. SUSUA RES DEVEL (Where decrosed lived, in national or: Residence before 13c. CHY OR TOWN  130. SUSUA RES DEVEL (Where decrosed lived, in national or: Residence before 13c. CHY OR TOWN  130. SUSUA RES DEVEL (Where decrosed lived, in national or: Residence before 13c. CHY OR TOWN  130. SUSUA RES DEVEL (Where decrosed lived, in national or: Residence before 13c. CHY OR TOWN  130. SUSUA RES DEVEL (Where decrosed lived, in national or: Residence before 13c. CHY OR TOWN  130. SUSUA RES DEVEL (Where decrosed lived, in national or: Residence before 13c. CHY OR TOWN  130. SUSUA RES DEVEL (Where decrosed lived, in national or: Residence before 13c. CHY OR TOWN  130. SUSUA RES DEVEL (Where decrosed lived, in national or: Residence before 13c. CHY OR TOWN  130. SUSUA RES DEVEL (Where decrosed lived, in national or: Residence before 13c. CHY OR TOWN  130. SUSUA RES DEVEL (Where decrosed lived, in na	3		]3. 3	CA .	MALE		rE			losy bethology)		
MAPYLAND  ID CITY OR TOWN OF DEATH  CUMBERLAND  ID CITY OR TOWN  ID CIT	MAPYLAND USA    10 (ITY OR TOWN OF DEATH		E PER S	70.	BIRTHPLACE (State or	foreign 7	1		I a	10.00	TKJ.	1 1	
CUMBERLAND  George Street address  MEMORIAL HOSPITAL  Guring most of working life, even if ret red  MEMORIAL HOSPITAL  Guring most of working life, even if ret red  MID_STRY  MEMORIAL HOSPITAL  Guring most of working life, even if ret red  MID_STRY  MID_STRY  130. USUA. RES DENCE (Where deceosed lived, if institution: Res, dence before list. CITY OR TOWN  Godinssion) STATE  MD  14. FATHER'S NAME  First  Middle  Lost  Middle  Lost  JOSEPH  ROBERTSON  ETHEL  L  VAUGH  16. WAS DECEASED EVER IN L S ARMED FORCES? Yes, no, or unknown)  16. WAS DECEASED EVER IN L S ARMED FORCES? Yes, no, or unknown)  16. WAS DECEASED EVER IN L S ARMED FORCES? Yes, no, or unknown)  16. CAUSE OF DEATH (Enter only one couse per fine for (a), (b) and (c).)  PART I DEATH WAS CAUSED BY-  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if dry, which gove  The part of the property of the property of the part	CUMBERLAND    Combined   Combined		- and - C	(OL	MARYL	AND	USA				LLEGANY		Ma
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AND STORY OF ICE BUILDING, ELC.    County   Coun	21b TIME of INJURY    County	H	The rath	ERTIE	00		1-		-	-			
State   Part	The state of the s	N a	IAN: of a ficate for for Hea		OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M.			URRED (Enter note	are at injury in Part 1 or Part 2,	Item 1B.)	
While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 14 for 1969, ta 1969, that (I) (we) last	While Not while of work of wor	2127	rspit aspit certii hed t of	MED	214 INTURY OCCUR	RED   21a P				t or R.F.D. No.	City or Town	Enumbu	Stote
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Walfud Van Ormer M.D. DEGREE PHYS DIRECTOR D PHYS D 199 400 69	Sa English Walked Van Orman And DEGREE PHYS DIRECTOR DIRE	٤	OR De re			Uhus	Vm.	Olmes.		G Z MED.	STAFF -		69
22d PHYSICIAN'S 22e. ADDRESS	22d PHYSICIAN'S 22e. ADDRESS		AL Day E										
NAME (Type) DR. VAN OPMER CUMBERLAND, MD.	등투표 등면 CUMBEPLAND, MD.	10	SPIT 4 m IERA IG be		MAME (Type)	DR.	VAN OP	1ER	CUM				
	230 BUR AL, (REMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	-	Haul	230	BUR AL, CREMATION	, I						1 17	(Stote)
230 BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)	Dullar O/LI/L/O/ Madrot will comeder 1.0000wg	6	5 5 5 3	0.6		6	/21/19	69 Laur					
Duriar   O/21/1/0/ Madret will semester, 1200com, 1-4.	24. FUNERAL DIRECTOR  EICHORN FUNERAL HOME, LONG CONING, MD. DATEJUN 2 3 1969  ZSO. RECO BY REGISTRAR   250. REGISTRARS S GNATURE  ADDRESS  ADDRESS			24.		RN FUN	NEPAL H					was Jacob	ge.



<u> </u>	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
OR STATE		07749
ALTH DEPT.	1. DECEASED-NAME First Middle Last 2a DATE KNOWN Manth Day (Type at Print) LESTER ELWOOD SINES DEATH MATED JUNE 13	40/15
agment	Male White April 7, 1905 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD Months DAYS HOURS MIN Month June Day 13,	Year 1969 6:45
	To BIRTHPLACE (State or foreign   76 CITIZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARRIED   9. COUNTY OF DEATH   100	M
the S	Cumberland,   give street address) D. O. A. Sacred   during most of working ite, even if retired)   William   Custodian	KIND OF BUSINESS OR BRATORY
and 2 with ifter, death	3a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN odmission) STATE Maryland 3b. COUNTY Allegany Cresaptown, YES NO X Craddock Road	
Jalle v	14. FATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle  Henry B. Sines Harriet	Mankis
72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (III yes give war or dates of service) 220-10-2804 Mrs. Iva Mae Sines, Cresaptown, Ma	1. 21502
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) CORONARY OCCLUSION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
event within	Conditions, if any, which gave ) DUE TO OR AS A CONSEQUENCE OF CORONARY SCLEROSIS	***
yna nı	rise to immediate cause (a). stating the underlying cause last	
and .	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
4	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a EXTERNAL CAUSE WAS  21b TIME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 1	20. AUTOPSY?
	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 1 ar Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 2, Item 1 PRIMARY OF COURRED (Enter nature of injury in Part 2, Item	
	The street of th	aunty State
	22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry	and in my apinia
prior to burial	CHIEF MEDICAL EXAMINER   June 1	13, 1969
Health pri	EXAMINER'S DEPUTY MEDICAL EXAMINER & Rt. # 9	
	23a BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Cau	unty) (State)
_	RESULCECTOR ADDRESS   250. REGISTRAR   250 REG	
5) 1 0	H. Wayne George, Cumberland, Md. 21502 DAILLIN 1 7 1969 Octobres	

	1		กรัรธิ		301 W. PRESTON STREET, BALTIN ERTIFICATE OF DEATH	MORE, MARYLAND 21201	07750
	4 24		ECEASED NAME First	Middle	Lost	2a DATE OF DEATH	26 HOUR
	Teath. neral and 2 death.	(	Type or pant) HELEN	Α.	SKIDMORE	6 Month 13 Day	69ear 4:30PM
	a 5	3 5		4. RACE	S DATE OF BIRTH	A AGE tto woors	F JMDER I YEAR   IF UNDER 24 HIRS
+04	A haurs after Teath		FEMALE	WHITE	12-19-24	last birthday)	MONTHS DAYS HOURS MIN.
		70. : cou	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	B MARRIED X NEVER MARRIED 9 WIDOWED DIVORCED	COUNTY OF DEATH ALLEGANY	Md
	within		CUMBERLAND,	11 NAME OF HOSPITAL OR INS 9145ACRED(S) HEAR	T HOSPITAL during mos	OCCUPATION (Kind of work done tot work mouse war to the tree of th	126 KIND OF BUSINESS OR INDUSTRY
	complete ove car	13a. adm	USUAL RESIDENCE (Where decease ssian) STATE MARYLAND	ed lived it institution Residence before 13b/COUNTY ALLEGANY	13c CITY OR TOWN 13d INSIDE CITY LIM  FROSTBURG YEX NO	THE BINGET THE HERITAGE	LAGE
	be exe		FATHER'S NAME First JOHN	Middle Last JONES	15 MOTHER'S MAIDEN NAME Firs (MOORE) CA	RRJE	JONES
	rtificate ohysicia on plea: ivol, on	16a.	WAS DECEASED EVER IN U.S. ARM	MED FORCES?  16b SOCIAL SECURITY N 2 14 -24 -09		ORDS Address O	O SETON DR MBERLAND, MD.
	binG PHYSICIAN: The low requires that the death certificate be executed by the haspital ar attending physician.  When this certificate has been signed by the attending physician and complete the detached for use as the burial-transit permit. Then please remove can state Dept. af Health prior to burial, cremation, ar removol, and in any event,		18. CAUSE OF DEATH (Enter on, PART I. DEATH WAS CAUSED IMMEDIA	y ane cause per line far (a), (b), and (c) ) D BY: UTE CAUSE (a)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	at the att the att nsit per matian,		Conditions, if ony, which gove nise to immediate cause (a),	(b) carcero	ma of Uterine	Cerviy	4 years
	equires tha physician. signed by burial-tran burial, cren		stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	U		0
1	w required by the property of	NO			OF RELATED TO THE TERMINAL DISEASE OR COL		
	The law ratending at the bas been use as the lith prior to	RTIFICAT		CONDITION FOR WHICH OPERATION WAS PER	YES NO Z	206. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
	PHYSICIAN: The law e haspital ar attendir his certificate has bee tracked for use as the Dept. of Health prior?	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  [If either, notify medical examin	HOUR A.M. Manth Day Year PM 19		oture of in <sub>i</sub> ury in Port 1 ar Part 2, l	tem 18)
	the has this ce detache	M	at work at wark		(ORY.) 21f LOCATION Street or R.F.D No.	City ar Town	County State
•	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 moy be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for usbould be filed with the State Dept. af Healt		saw the deceased all	s hospital) attended the decease ive an 2 13 14 (1) (we) (did) (aid not) view the b	d fram 783, 1969 969, and that in (my) (our) apını pady after death	9, ta_6-13, 1% an death accurred on the da	> / that (I) <del>(we)</del> last te and haur and fram the
	O HOSPITAL OR ATTENI Page 4 moy be returned D FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22b. SIGNATURE	20			DATE SIGNED
	TO HOSPITAL Page 4 moy TO FUNERAL director, page should be fill		PHYSICIAN'S NAME (Type) K. M.		22e. ADDRESS 13.RADDOCK		-CUMBIZEHAND
	Poge direct should be shou			16/1969 Mt. V	liew Cumetery	23d LOCATION (City or Town)  Moscow Mo	(County) (State)
	VR A15		FUNERAL DIRECTOR	ADDRESS ADDRESS	8 E. MAIN 2SO. RECD BY	REGISTRAR 25b. REGISTRAR'S	

MAKYLAND STATE DEPARTMENT OF HEALTH



112	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
17	Item 5 Film Glil 3 6/23/69 kk CERTIFICATE OF DEATH	07751
# # # # # # # # # # # # # # # # # # #	1. DECEASED NAME First - Middle E as a last 20. DATE OF DEATH	2b. HOUR
er death. funeral s 1 and 2 ter death.	JONE 175	1969 7:05A
offer offer differ	TABLE TE TOTAL TOTAL (ISST) (Inday)	IF JNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
haurs Series Series Pours	To RIRTHPLACE (State or foreign   7h (ITIZEN DE WHAT COUNTRY)   8   10 COUNTY OF DEATH	
4 4 6 5 5 4	COUNTY ARYLAND U. S. A. WIDOWED D VORCED ALLEGANY	Md
rate be executed within 24 haurs after death sizion and campletely filled in by the funeral please remave carbon papers.	10. CITY OR TOWN OF DEATH  CUMBERLAND  11 NAME OF HOSPITAL OR INSTITLTION (If not in hospital duriPRIESTABLIAN)  WENDER'SAL HOSPITAL	12b, KIND OF BLISWESS OR COUNTY ECTRIC
amplest swent,	130 LSJAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STAYARYLAND 13b COUNTILLEGANY CUMBERLANDYES X NO 130 STREET AND NUMBER OD BEDFO	RD ST.,
	14. FATHER'S NAME First Middle Lost SMITH IS. MOTHER'S MAIDEN NAME First KATHER INE	KING
physician en please aval, and	160. WAS DECEASED EVER IN S ARMED FORCES? Yes, no, or Jinknown) Yes  17 INFORMANT 214-05-5162  MEMORIAL HOSPITAL, CUMB.	
9 5 <u>5</u>	18. CAUSE OF DEATH (Enter on y one couse per line for (o). (b), and (c))  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o) Durning Condition failure, mulclen	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Ly's that the death physicion. signed by the attending burial-transit permit. burial, cremation, or re	Conditions, it only which gove (b).	24 km
rres th ysician. ned by rial-trai	storing the underlying couse DUE 10, OR AS A CONSEQUENCE OF (c) A. S. Cordiovail. dislais with frequent delanger	wher 1957
law required and ing pheen signer to bus in arta bus i	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  Chronic Porcentitis and Chronic Cholegyphia with Chor	Colekuan,
The tart attend at a tart attend at a tart at	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED  6/13/69  Exploratory Lapato tomy with 7 yes No 200 (CAUSES OF DEATH? 1/9),  210. ACCIDENT WAS UNDERLYING 1216 TIME OF INITIAL TO PORT 1 OF PORT 2   Item 1971   1	
ICIAN: pital ar prificate d far i	G CONTRIBUTING CAUSE OF DEATH  (If either, notify medical examiner)  HOLR A.M. Month Doy Year  P.M.	m 18.)
OR ATTENDING PHYSICIAN be retained by the haspital of INECTOR: After this certifical east should be detached far ead with the State Dept. of He	While Not while of work of work of work	County State
NDING ed by 1 :: After ild be 0	22a. I certify that (I) (this haspital) attended the deceased from	9, that (I) (we) last and have and fram the
ATTA Strong Shou if h fi	causes stated abave, (I) (we) (did) (did nat) view the body after death.	TE SIGNED
OR DE re ed w	W. alked Vin Chines, M. W DEGREE PHYS ATTENDING MED DIRECTOR PHYS 16	June 1969
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-translation of the print to burial-translation of the print to burial, and the state Dept. of Health print to burial, and the state Dept. of Health print to burial, and the state Dept.	22d. PHYSICIAN'S NAME (Type) DR. W. A. VANORMER  22d. ADDRESS CUMBERLAND, MD.	
HOS Jge 2 FUN Fun frecti	230 BUR AL (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (C'ty or Town)	(County) (State)
22 27	REMOVA. (Specify) Burial  6/17/69  Sunset Memorial Park  Cumberland Alleg: 24. FUNERAL DIRECTOR  ADDRESS  27.502   250. RECTO BY REGISTRAR   250. RECTO BY RECTO BY RECTO BY R	
VR A15		A Joseph
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME Middle 20. DATE KNOWNER Month Day Year (Type or Print) June 30 106910A Poge Daniel  $\mathbf{E}_{\mathbf{A}}$ Snider 5 DEATH MATED ny delay 2, and 3 1 6 AGE (in years 2d HOUSC 3 SEX 4 RACE S DATE OF BIRTH F UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 68 ye P.M3. E A Month June Doy 30 .69 May 29,1901 LOA Male White 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH form Maryland Allegany DIVORCED [ USA WIDOWED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR WITH give street address)D Houring most of war kind is eyen if third st NO. Stailroad Cumberland .O.A. Memorial 13a USUAL RESIDENCE (Where deceased fived, if institution: Residence before 13c. CTY OR TOWN 13d INSIDE CITY EIMITS? 13e. STREET AND NUMBER odmission) STATEW Va Mineral 11 Jones Steeet Ridgelev YESTE NO lond 2 Office 1 Item 1 offer Middle Lost 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Middle Alonzo Snider Hattie Smallwood poges hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) Mrs. Mabel Corwell, Ridgeley, W.Va.-Sister APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART ! DEATH WAS CAUSED BY Coronary Occlusion Sudden IMMIDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if only, which gave Coronary Sclerosis rise ta immediate couse (a), word should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse writing the tertificate PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) forwarded remova 20 AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? icate, YES 🗍 NO DE 210 EXTERNAL CALSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING MEDICAL cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE MOT WHILE AT WORK FUNERAL DIRECTOR: Page 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X Inquiry 🔀 , and in my apinian Natural causes 🕱 Accident . Suicide . Homicide death resulted from: Undetermined manner pleose CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR June 30,1969 DEPUTY MEDICAL EXAMINER IXI MoY Heolth NAME (Type) Dr. Benedict Skitarelic.M.D. ADDRESS(Street, city, town, or county) Rt.9. Cumberland. Md. 23a BURIAL, CREMATION, BURIAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 50 23d LOCATION (City or Town) Cumberland, Allegany, Md 3,1969 Mt. Herman Cemetery 254 REC D BY REGISTRAR 24. FUNERAL DIRECTOR Scarpelli, Cumberland, Md. VR ATSME (5) 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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ny delay 2, and 3 i PM3. Pag partmet	3 SEX Male	4 RACE Whit		,1905 v 6	AGE (In years Slost birthday) YRS	MONTHS DAYS	IF JNDER 24 HRS. HOURS MIN.	2c. DATE PRONOU!	NCED DEAD Doy	Year 1969	2d. HOUR 8 p. m
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de de	Bar		give		Rt. 1			OCCUPATION (Kind of Myworking life, eve	in if retired.)	126 KIND OF BUS	
18. Give		RESIDENCE (Where de STATE MC	ceosed lived, if inst 13b. COUNTY	Allegany	efore 13c City Bar	or town :	YES NO X	Rt. 1	NUMBER		
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그를 꿈 할 야	₹ PRIMA	TERNAL CAUSE WAS RY [_] OR CONTRIBUTII OF DEATH	NG HOUR	F İNJURY Month, Doy A.M. P.M	, Yeor 2	c HOW INJURY OF	CURRED (Enter not	lure of injury in Port	1 or Port 2, It	em 18)	
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please of dure retail	ACTU	AL BEN	edist	Shits	halia	CHI	EF MEDICAL EXAMI	NER	22b, <b>DATE</b> .		
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VR A15ME (5)	24 FUNFILA	DIRECTOR 3	al- 1	Vestern	DORESS -	md	DALL N			SIGNATURE	



1		07762		RECORDS, 301 W	. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
	L	0 6 9 1749		CERTII	FICATE OF DEATH		07754
within 24 haurs after death. rely filled in by he repaid ban papers. P governor and 2, within 72 haurs after death.		Type or print)			Last ERG	20 DATE OF DEATH Month 06 Do	16 Year 69 1:00 M
# ( 4 %) #	3 S	EX	4 RACE		S DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF JINDER 24 HRS
2	<u> </u>	FEMALE				YRS	MUNITS UNIS ROCKS MIN
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arban pa		MARY <b>LANDÇU</b> MBERI	AND, give street SA	CRED HEART	HOSPTTAL during to	NAT OCCUPATION (Kind of work dane NOTE working life, even if retired )	126 KIND OF BUSINESS OR INDUSTRY NONE
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5	14						Last
The part of the							
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. 7	Ĭ				YES NO	CAUSES OF DEATH?	
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1		Jim 6	10 mle	D	EGREE PHYS	MED STAFF 22c.	
Id be III		NAME (Type) DR.			912	SETON DR. CUMB.	MD.
0		EMONAT (Bulanta) 6/	19/1969 G	lendale Ce	metery	Allegany Cou	nty Md.
14	24	FUNERAL DIRECTOR HAFER, 230 BAL	TI AVE., CU	BERLAND,		BY REG STRAR 25b, REGISTRAR 5	

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	s of the result	3. 5	FEMALE	WHITE	S. DATE OF BIRTH 12-19-190	6. AGE (In years last Gideday) VRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
•	24 hours d in by Pers Pa	(QU	ntry) BEDFORD, PA		8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 COUNTY OF DEATH	Md
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	completely ave corbar y event, 201	13a adn	USUAL RESIDENCE (Where deceased ission) STATE FID:	lived, if institution Residence before 13b. COUNTY ALLEGAN		MITS? 13e STREET AND NUMBER H	BOX 219,
	be execut n and com se remave d in ony ev	14	FATHER S NAME FIRST WILLIAM	Middle LAYT	IS MOTHER'S MAIDEN NAME F	rst Middle E	RANTNER Lost KANTNER Lost
	physician on please ovol, and i	160	WAS DECEASED EVER IN U.S. ARMEI 'es_no, or unknown) (II yes give wor NO.	D FORCES? or doles of service) None	NO. 17. INFORMANT	OSPITAL - CUMBEP	LAND, MD.
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4 hour	d in vers.	7a cat	BIRTHPLACE (State or foreign intry) MAP YLAND	76 CITIZEN OF WHAT COUN	TRY? B. MARRIEI WIDOWE	NEVER MARRIED X	9. COUNTY OF DEATH ALLEGAN	Υ	1-2-	M
that the death certifyate be executed within 24 hours after duath.	itiote has been signed by the attending physician and completely filled in ficote has been signed by the attending physician and completely filled in for use as the buriol-transit permit. Then please remove corbon papers. Health prior to burial, cremation, or removal, and in any event, within 72 has	÷,	CUMBEPLAND	g ve street add	OSPITAL OR INSTITUTION (IN	alusta a m	A. OCCUPAT ON (Kind a last of warking life, eve		12b KIND OF INDUSTRY	BUSINESS OR
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<u></u> ?	rifficate and for us af Healt	MEDICAL CER	21a ACCIDENT WAS UNDERLYIN  or contributingcause of oeat  (If either, natify medical examin	H HOUR A.M. Month	Day Year	IOW INJURY OCCURRED (Ente	<u> </u>	t I ar Part 2, Ite	am IB.)	
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OR ATTENDIN	ECTOR:		causes stated above	, (i) (we) (did) (did nai	t) view the body after	death.		22c DA	ATE SIGNED	
TAL OF	AL DIR Page (		22d. PHYSICIAN'S NAME (Type) CHILD	DENC HERIC	AL GROUP	PHYS D	LAND, MD.		NE 18	169
O HOSPITAL OR ATTEND	O FUNERAL DIRECTOR: After this director, page 3 should be detected with the Stote Dep	23 a	BURIAL CREMATION. 236	DATE 2	3c NAME OF CEMETERY O	R CREMATORY	23d LOCAT ON (City of	ar Tawn)	(Caunty)	(State)
2	VR AND		FUNERAL DIRECTOR		FBG. MEMORIA	25a REC'D B	Y REGISTRAR 2Sb	URG, MD REGISTRAR'S SI	IGNATURE	(40)
	45M 41/69		JOSEPH R. DURS:	FROSTBURG.	MD. 21532	DATEJUN	2 0 1959	Kursky	COO MAN	2



1 I	A 10 M A 27 D	EALTH									
	07765		CERTIFICATE OF DEATH	PROTECTION (SIND OF BUSINESS OR INDUSTRY MAN ELEGANY COUNTY), MAILROAD  LIMITS?  13e STREET AND NUMBER  3 SECONDI. AVENUE  First Middle Lost  ARAH D K. SUMMER  Address MD. 21502  HOSPITAL, 900 SETON DR., CUMB.,  APROX MAIR INTERVAL  BETWEEN AND OF AIR  2 CLOSE CALLELETRICAL IS GOVERNOUS OF DEATH?  COUNDITION GIVEN IN PART 1(a)  20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  CAUSES OF DEATH?  COUNTY State  ST., to 6/2-2-, 19/57, that (1) (we) lose purion death occurred on the date and hour and from the county of the							
	DECEASED NAME (Type or print) LAWRE	M ddfe	SUMMERS	20. DATE OF DEATH  Month 06 Day	25 HOURE						
	MALE	4 RACE WHITE	S DATE OF BIRTH 07-04-12	6 AGE (in years last birthday) M	IF UNDER 1 YEAR IF UNDER 24 HRS						
<0	BIRTHPLACE (State or foreign 76 WEST VIRGIN)	U.S.A.	WIDOWED DIVORCED W	ALLEGANY COUNTY	, M.						
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J 14	JAMES	Middle Last  W. SUMME	The state of the s								
16	Yes, no, or unknown] (If yes give wor o	FORCES? 16b. SOCIAL SECURITY	NO 17 INFORMANT	Addense	MD 21502						
	18. CAUSE OF DEATH (Enter only of PART DEATH WAS CAUSED B	one cause per line for (o), (b), and (c).  (AUSE (o) Lives fack	une + un duation		BETWEEN ON'ET AND OFATH						
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8	White Nat while at wark at wark		YORY 21F LOCATION Street or R.F.D. No								
	22a 1 certify that (I) (this I saw the deceased of ye causes stated-above?	nospital) attended the decease on	ed from, 19_5 9_7, ond that in (my) (aur) opin body ofter death.	on death occurred on the date	z7_, that (1) (we) los and hour and from the						
.1	226 SIGNATURE		DEGREE PHYS MEI		7 S.GNED.						
234	22d PHYSICIAN'S NAME (Type) S.G. WE		22e ADDRÉSS 59 GREENE	ST., CUMB., MD.							
	BUDYAL GREMATION, 23b. DAT 6/2!	23c NAME OF Sunset	CEMETERY OR CREMATORY Memorial Park,	23d LOCATION (City or Town) Cumberland, Al	(County) (State), Legany Md.						
5 1 24 1 1 24	FUNERAL DIRECTOR H. Ways	1e George ADDRESS ME-202 GREENE ST	CUMB MD 250 JERCE BY	REGISTRAP 69 256 PEGISTRARS SHO	SNATHRE						

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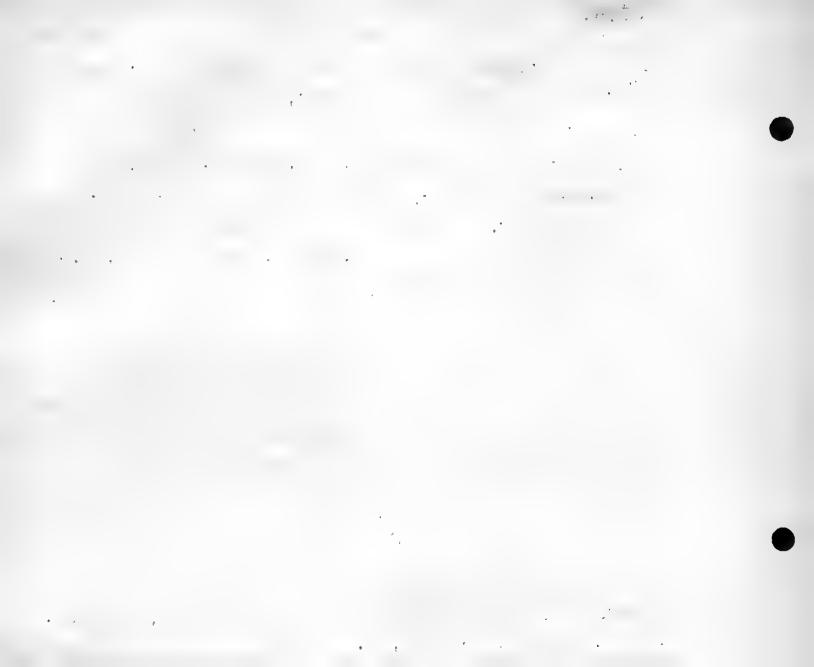
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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1	97775 <b>m</b>
HEALTH DEPT.	(Lupa or Post)	Doy Year 2b HOUR
5 5 8 5 B	LINDA M. SWAUGER DEATH MATED June 2	11,1060 7:30
de de los	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (n years le under 1 year if under 2 Hrs 2c Date pronounced Dead hours with UNITE JULY 21, 1952 16 yrs Hours with Months Days Hours with Months 21, Day 196	2d HOUR
form P	70 BIRTHPLACE (Stole or foreign 75 CHIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY) MARYLAND U.S.A. WIDOWED DIVORCED ALIEGANY	M
hoors ofter death Lieun 18 Give Pages 1, Office along with form Land 2 with the State De	CUMBERLAND  11) NAME OF HOSP TAL OR INSTITUTION (If not in hospital give street oddress) SACRED HEART HOSPITAL DOA  120 USUAL OCCUPATION (Kind of work done of during mest of working title even if retired.)	126 KIND OF BUSINESS OR NOUSTRY HOME
offer 18 Give along 2 with 1 death.	.30 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN odmission) STATE MARYLAND 13b. COUNTY ALLEGARY FROSTBURG YES TO NO 158 E. COLLEC	E AVENUE
Hobers Office Office after d	14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
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AL EXA execute ir. Page I far you TOR: Pag	220. I <b>certify</b> that I took charge of the remains described above, held an Autopsy <u>XX</u> , Inspection <u>XX</u> , Inquiry <u>X</u> X.	end in my apiniai
please directored directored or table	death resulted fram: Natural causes , Accident XX, Suicide , Homicide , Undetermined manner (	_
JTY, eroll be pri	SIGNATURE Description   ASSISTANT MEDICAL EXAMINER   226 DATE SI  EXAMINER'S DEPUTY MEDICAL EXAMINER   July 21	
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health pr	NAME (Type) BENFUICT SKITARELIC, M.D. ADDRESS(Street, city, town, or court MBERLAND,	
0 = + ~ 0 ±	BURIAL JUNE 25, 1969 SUNSET MEMORIAL PARK CUMBERLAND.	(County) (State)
VR ASSME IS	JOSEPH R. DURST, FROSTBURG, MD. 21532  250 RECD BY REGISTRAR 196 350 REGISTRAR 196 3	Della sign

07767 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07759 CERTIFICATE OF DEATH DECEASED-NAME First M.ddle last 20. DATE OF DEATH 2b. HOURA certificate be executed within 24 haurs after death (Type or print) Thuss June 4:00 M Virginia Caroline 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Female White May 1, 1910 physician and campletely filled in by event, within 72 hour 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED [X] NEVER MARRIED Allegany Maryland USA WIDOWED | DIVORCED [ 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR give street oddress) 511 Williams St. during most of working life even if refreed in Nousky Home Cumberland 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Maryland 13b. COUNTY Allegany Cumberland 511Williams St. YES 🔀 NO F and in any 14 FATHER'S NAME Eirst Middle Lost 1S. MOTHER'S MAIDEN NAME First William N. House Henrietta Roberts 17 INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, ar unknown) Mr. Ralph J. Thuss, Cumberland, Md. Husband burial, crematian, ar removal, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I DEATH WAS CAUSED BY requires that the death TINTRACEREHRAL NEOPLASM mon IMMEDIATE CAUSE (a) MULTIFORME ( GLIOBLASTOMA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO [7] Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us 21o. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH
(If either, notify medical examiner) HOUR A.M. Month Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STRET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town State County While Not while at work 220. I certify that (I) (this hospital) attended the deceased fram (1) and 19 and 19 are 15 19 as 19 a causes stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS -18-69 LAND MODEGREE DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) CUMBERLAND PIGGEG 23d LOCATION (City or Town) 23o. BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMEMAL Schery June 20.1969 0 Hillcrest Burial Park Cumberland, Allegany, Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 30M REV. 1768 James F. Scarpelli, Cumberland, Md. Otherneter Judge

MAKILAND STATE DEPARTMENT OF REALTH



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MARYLAND STATE DEPARTMENT OF HEALTH 07769 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First Middle 20 DATE KNOWN Month Dov DEATH MATED June 17,19699 (Type or Print) Twigg Page George Edward 3. SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IE LINDER 24 HRS 2c DATE PRONOUNCED DEAD June 17. Day 1969 Year White Male July 25,1948 20 To BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED INEVER MARRIEDE pencil in Item 18, Give Pages 1, Examiner's Office along with farm Maryland USA WIDOWED [ DIVORCED [ Allegany pages 1 and 2 with the State 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done .26. KIND OF BUSINESS OR NEMORIAL HOSPITAL-DOA during most of working life, even if retired ) Construction Cumberland 130 USUAL RESIDENCE (Where deceased ) yed, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY JIM TS? 13e STREET AND NUMBER 13b. COUNTY Allegany Cumberland YES NO Valley Road after 14. FATHER'S NAME Erst Middle IS MOTHER'S MAIDEN NAME First John W. Twigg Ora Belle Wertz Brother 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADORESS Donald E. Twigg, Valley Rd. Cumberland, Md. (Yes, no. or unknown) 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HEMOTHORAX. LEFT e de la compassión de l IMMEDIATE CAUSE (o) \_ 3/00-DUE TO, OR AS A CONSEQUENCE OF RUPTURE OF AORTA MINUTES Conditions, if any, which gave nse to immediate couse (a), should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES TA NO 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item (B.) 21b. TIME OF INJURY Month, Day, Year 3 shauld 9:12 PM June 1719 69 Motorcycle rider head-on crash with car-PRIMARY OR CONTRIBUTING 21e. PLACE OF NouRY (At home, form, street, foctory, office building, etc.) 21f LOCATION Street or R F D. No. Stote WHILE NOT WHILE AT WORK Fairview & Pulaski Sts. Cumberland, Allegany, Maryla 22a. I certify that I took charge of the remains described above, held on Autopsy XX. Inspection IX Inquiry XX and in my apinion deoth resulted from Notural couses . Accident XX Suicide . Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER EX JUNE 17, 1969 **EXAMINÊR'S** BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town CHMBERLAND, MARYLAND NAME (Type) 230 BUR AL (REMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Cumberland, Md. June 21,1969 Zion Memorial Park 24. FUNERA, DIRECTOR 256 REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Scarpelli, Cumberland, Md. VR AT SME (5) TOM REV 1 48

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DING PHYSICI I by the hospit After this certif be deteched '	•		et werk et work		( AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.				ty of Town	County	Stote
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OR ATTEND be retained   DIRECTOR: At ge 3 should			22b. SIGNATURE	Ge	ele) m	DEGREE P	ATTENDING PHYS.	MED DIRECTOR	_ CTAFE	2c. DATE SIGNED  Co - / - (	9
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3-1-1-	DIVISION OF VITAL RECORDS.	301 W. PRESTON STREET, BALTI	MODE MADVIAND 21201	
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13a USUAL RESIDENCE (Where decear admission) STATE MARYT.AND 14 FATHER'S NAME First	sed lived, if institution Residence before 13b. COUNTY ALLEGANY	13c CITY OR TOWN 13d INSIDE CITY EIN  ECKHART YES NO	THE STREET PRICE PERSONNEL	
14 FATHER'S NAME First	Middle Last ETSENBORNE	15. MOTHER'S MAIDEN NAME FIN		Last
160 WAS DECEASED EVER IN U.S. ARI		17 INFORMANT	Address	TZBURG
18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly ane cause per me far (a), (b), and (c)		ENBORNE, ECKHART,	APPROXIMATE (INTERVAL BETWEEN ORSET AND DEATH
HENRY WITH The Name of the Nam	DUE TO, OR AS A CONSEQUENCE OF  (b) Circulat  DUE TO, OR AS A CONSEQUENCE OF	ory disturbance		
PART 2 OTHER SIGNIFICANT COM	(c) Cerebral	<u>/arteriosclerosi</u>	INDITION GIVEN IN PART I(a)	9 days
Chronic h	Dilateral obstruction for which operation was per	RECTIVE pulmomary RECORMED   200. AUTOPSY?   YES	disease   20b   F YES, WERE FINDINGS CO CAUSES OF DEATH?	NS DERED IN CERTIFYING
S CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Month Day Year ner) P.M. 19	21c HOW INJURY OCCURRED (Enter	nature of injury in Part I or Part 2, Its	em 18.)
While Nat while at wark		21f LOCATION Street at R.F.D. Na.	City or Town	County State
canses stated and se	is haspital) attended the decease hve an June 15 19 c, (1) (we) (did) (did nat) view the b	of from <u>Nay 28</u> , 19 6 969, and that in (my) (aur) apin pady after death.	19, ta June 15, 19_ian death accurred an the date	69, that (I) (we) last e and haur and fram the
22b. SIGNATURE  22d. PHYSICIAN S  AMARICAN S	re Strong	22e. ADDRESS	DECTOR STAFF J	une 16,1969
NAME (Type) A F	AIGE STRONG, M D.  DATE 23c NAME OF C		AIN ST., FROSTBUI	(Caunty) (State)
24 FUNERAL DIRECTOR	NE 18, 1969 ECKHA  ADDRESS  T, FROSTBURG, MD.	RT CEMETERY	ECKHART, MD.	« O



1				PINISION O			DEPARTMENT O RESTON STREET, BA		ADVIAND GLOS		
		07773		DITISION O			CATE OF DEAT		IAKTLAND ZIZUI		7765
deoth.		CEASED-NAME	First		M•ddle		Last		OF DEATH	0 0	2b <b>JPHO</b> UR
funeral 1 and 2 er death.	{15	rpe or print)	GEOF	RGE	F	M	INFIELD		JUNE	2 1969	11:34
S offer	3. SE	(		4. RACE			5. DATE OF BIRTH		6. AGE (In years	IF LINDER YEAR	IF UNDER 24 HRS.
1		MALE		1	WHITE		6-28-09		lost_birthday)	RS. MONTHS DAYS	HOURS M.N
[]	7o B	IRTHPLACE (State or	foreign		WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 COUNTY	OF DEATH		<del></del>
2		CUMB.			USA	WIDOWED			LEGANY		Md.
1	10 CI	TY OR TOWN OF DEA		0 40	NAME OF HOSPITAL OR IN: e.street address)	,		SUA, OCCUPAT	ON (Kind of work dar	125 KIND OF	BUSINESS OR
	120	CUMBER				OSPIT			ng life, even if retired	, industry	
11	odmis	STATE (nois	D.	13b. COUNTY	EGANY	13c. CITY OF	R LAND YES TOWN		STREET AND NUMBER TOB RD., E	30X 21	
	14. F/	ATHER'S NAME	ırst	Middle	iast	1	S. MOTHER'S MAIDEN NAM		M ddle		Lost
100			ILLIA		WINFI			MARY	A	HIN	1MBER
	16a Ye	WAS DECEASED EVER s, no or unknown)	IN US ARME (If yes give wo	D FOR(£S? r or dates of service)	705-09-3L		INFORMANT MEMORIAL H	OSPITA	Address L. CUMBER	LAND. N	1D.
		18. CAUSE OF DEAT	H (Enter anly	ane cause per	line far (a), (b), and (c)					APPROX I	MATE INTERVAL INSET AND DEATH
		PART !. DEATH	WAS CALSED IMMEDIAT	BY E CAUSE (a)	acur.	Ci te		tern	V 18 3. 7 34.		1 * **
		111 1		DUE TO, OR	AS A CONSEQUENCE OF						
		Conditions, if only, write to immediate			(ALLA)	1 10	ter him	A COLL	ton	3	*/
	ш	stating the underly		DUE TO, OR	AS A CONSEQUENCE OF						
	H		IFICANT CONF	(t)	ITING TO DEATH BUT NO	T DELATED T	O THE TERMINAL DISEASE	OD COMPUTION OF	WENT THE CASE AND A		
		TAKE 2 OFFICE 3 OF	ILICAMI CONF	IIIONS CONTRIB	SIMO TO DEATH BUT IN	A KELATED I	O THE PERIMINAL DISEASE	OKCONDITION G	YEN IN PAKT I(0)		
F)	CERTIFICATION	19a. DATE OF OPERATI	ON 196 C	ONDITION FOR W	HICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		IF YES, WERE FINDING	S CONSIDERED IN C	ERTIFYING
_	RTE								SES OF DEATH?		
	A G	2 OR CONTRIBUTING	CAUSE OF DEATH	HOUR AM	Month Day Year	21c. H	OW INJURY OCCURRED (E	inter noture of a	njury in Part 1 or Part	2, Item IB.)	
	Ē	If either, natify med 21d. INJURY OCCURR	lical examine	r) P.M							
		While Not while of work					OCATION Street or R.F.D		ity ar Tawn	County	State
	П	22a. I certify th	ot (I) (this	haspital) at	tended the decease	d from_	5:377,1	9 <u>/</u> , ta_	e ( )	19 <u> </u>	(I) (we) last
	1 1	couses stat	ceasea all ed abave.	ve on (I) (we)(did	) (did nat) view the	y⊆∠, an oodv after	d that in (my) (aur)	apınıan deat	h accurred an the	date and haur	and fram the
	li	226 SIGNATURE	, 1,	/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				2	2c DATE SIGNED	
à	П		_{_{\ell}}^{'}	K	13 4 4 "1	· ) DEG	REE PHYS	MED DIRECTOR	STAFF PHYS.	6	
and the second		22d. PHYSIC.AN S NAME (Type)	DD I		22000		22e ADDRESS	a Extend	3 0 0 0 111		
				A					ST., CUN		
	230	BURIAL, CREMATION, REMOVAL (Specify)	23b D/	ATE 5/69	23c NAME OF				T ON (City or Town)	(Caunty)	(State)
-		UNERAL DIRECTOR	0/:	707	Sunset	riemor.	lal Park	Cumbe D by registrar	erland All		ryland
		<u>_</u>	mitt.	ไลฯฉทาใ		יי אל מיני	21502 250 REC			well Jad	se.
17	<u></u>		2200 1	MIGHEL	DOTATOR C	mineT.	return Till Avuel O	14 (/ 1,	774		



1	07774		IND STATE DEPARTMENT C S, 301 W. PRESTON STREET, B CERTIFICATE OF DEAT	ALTIMORE, MARYLAND 21201	07766
Ī	DECEASED-NAME First	Mrddle	Last	20 DATE OF DEATH	2b. Hour
ı	(Type or print) Bett	y Ruth	Younkin	June 22, 19	159 Year
3	SEX	4. RACE	S DATE OF BIRTH	6 AGE (in years	IF UNDER I YEAR IF JINDER 24 HR
	F	W	July 16,	1941 loss buthday) YRS	MONTHS DAYS HOURS MIT
	BIRTHPLACE (State or fare.gn	76 CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	1
_	Pa.	U. S. A.	WIDOWED DIVORCED	Allegany	
	Frostburg	give street address) Minors	Hosp.	USUAL OCCUPATION (Kind of work dane ing most of working life, even if retired.)	
3	a USLAL RESIDENCE (Where decea missian) STATE Md.	sed lived, if institution Residence before 13b COUNTY  Garrett	1150	13e STREET AND NUMBER	
14	FATHER 5 NAME First	M·ddle Lost	15. MOTHER'S MA DEN NA		Lost
	Clayto			Ruth	Swauger
16	o WAS DECEASED EVER IN U.S. AR Yes, na, or or or or or or or or or or or or or	MED FORCES? wor or stotes of service)	YNO. 17 INFORMANT Clayton Yo	unkin Grants	sville, Md.
	PART 1 DEATH WAS CAUSE	If you couse per line for (o), (b), and (b) DBY.  ATE (ALSE (o) ACUTE D  DUE TO, OR AS A CONSEQUENCE (c)	rain syndrome		APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
	Canditions, if any, which gove	a. Cinculat	ory disturbance		
1	rise to immediate couse (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE (	F		
	iost	() Vascular	lesion, nature	undetermined	l day
L	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(0)	
NOS	Chronic.	severe convuls			
CERTEICATION	196 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS		206. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
FPT	210 ACCIDENT WAS UNDERLYI	NG 216 TIME OF INJURY		Enter nature of injury in Port 1 or Port 2,	14 403
MFDICAL A		TH HOUR A.M Month Day Ye	I 210 HOW INJURY OCCORRED	coner notore of injury in Part 1 of Port 2,	Hem 18 J
INF	While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY,) 214 LOCATION Street or R F D		County State
	22o. I certify that (I) (the sow the deceased of	is hospital) attended the deced	sed from June 21 , 1	9_69, to June 22, 19 opinion deoth occurred on the d	969 , that (I) (we) lo
	couses stated abov	e, (I) (we) (did) (did not) view th	e body ofter deoth.		VIO ONG HOUS GIVIN II
	226. SIGNATURE	1-	ATTENDING	MED STAFF 22c	DATE SIGNED 6/23/69
	22d. PHYSKIAN'S	ge floors	DEGREE PHYS X	MED STAFF DIRECTOR PHYS	0/23/09
	NAME (Type) Pai	ge Strong	22e. ADDRESS	tburg, Md.	
92	RUPIA CREMATION 295		F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Cambul (Canta)
2.3			sville Cem.	Grantsville,	(County) (Stote)
24	FUNERAL DIRECTOR	ADDRE			S SIGNATURE:
	Lory Thein	an Thouther	the Mid DATE	UN 2 5 1969 REGISTRAR	was fresher



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07767 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN DO Month Doy Year 2b. HOUR (Type or Print) DEATH MATED JUNE 17,196910:201 George delay and 3 IF UNDER 24 HRS 4. RACE 2c. DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH MONTHS 12:20a White Male Dec. 12 1904 7o. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH in Item 18. Give Pages 1, Of m country) WIDOWED DIVORCED [ 120. USUAL OCCUPATION (Kind of work done pages 1 and 2 with the State Maryland
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Office along with 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY MEMORIAL HOSPITAL-DOA Cumberland Retired Mechanist Kelly Tire Co. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN death. 13e. STREET AND NUMBER 13b. COUNTY 116 Independent S Cumberland after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First William Zimerla Ursula (Unknown hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give war at dates al service) Mrs. George L. Zimerla Cumberland within APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
 PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (0)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove CORONARY THROMBOSIS, LEFT rise to immediate couse (o). writing the ward DUF TO, OR AS A CONSEQUENCE OF stating the underlying couse CORONARY SCLEROSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 certificate forwarded 190. DATE OF OPERATION LINOSISTY nsed 20. AUTOPSY? WAS PERFORMED? YES Y NO 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY Month, Day, Year 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City of Town County Stote factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection 7. and in my apinion Inquiry TV Natural causes XX Accident Suicide Hamicide Undetermined manner death resulted fram: necessary, please CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER XX JUNE 17, 1969 EXAMINER'S BENEDICT SKITARELIC. M.D. ADDRESS(Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 73b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Cumberland /Allegany/ Trinity Luth. Cem. 24 FUNERAL DIRECTOR 25o, REC'D BY REGISTRAR VR ATSME ? Steins Funeral Home, Cumberland, Maryland 10M REV.

1	10	07776 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201												
7				CERTIFICATE OF DEATH								07768		
death.		EASED-NAME oe ar print)	First RUTH		Middle A		ZOLLN	1	DATE OF DEATH	ngth Dy	y 496	2b. HONR		
fer fer fer	3. SEX		4	RACE			S. DATE OF BIR	RTH	6. AGE	(In years	IE UNDER I YEAR	IF UNDER 24 HRS.		
the the rs aff		FEMALE		WHITE		11-12-1886		-1886	last l	82 YRS.	MONTHS DAYS	HOURS MIN		
hour rs. Fron	7a. Bill countr	ntry)		USA		HANKIED TO HELEK HINKKIED			COUNTY OF DEATH					
24 ope	10 (17	ITY OR TOWN OF DEATH				WIDOWED DIVORCED			ALLEGANY		Md.			
ed within 24 hours after deletely filled in by the funcarbon papers. Pages 10 ent, within 72 hours after deleter delet		CUMBERLAND WEWORISAL HOSPITAL during most of working life, even if retired.) INDUSTRY								12b. KIND OF INDUSTRY	BUSINESS OR			
eruted with completely event, with	130. U odmiss	SUAL RESIDENCE (Where ion) STATE MD.	deceased liv	ved, if institution:	Residence before	13c CITY OR		3d. INSIDE CITY LIMITS? YES NO X	BOX 2		STATIO	N A		
ore be executed vicion and complete lease remove carl ond in ony event,	14. FA	THER'S NAME First BEN	IMAMI	Middle	Last BARN		MOTHER'S MAI	IDEN NAME First	ETTA	Middle	SCHLES	Lost		
artificate by physicion en pleose oval, ond in	Yes	VAS DECEASED EVER IN U.		ORCES? 16b	o. SOCIAL SECURITY N	10 17 IN	FORMANT EMORIA	L HOSPI	TAL, CU	Address MBERL				
he death ce a attending permit. The		1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) (c) (d), and (d) (d) (d) (d) (d) (d) (d) (d) (d) (d												
requires that to a physicion. In signed by the buriol-tronsit to burial, creman	s le	stating the underlying couse   DUE TO, OR AS A CONSEQUENCE OF   (c)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)												
AN: The law re	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CAUSES OF DEATH?							CONSIDERED IN CE	RTIFYING				
PHYSICIAN: The e hospitol or otte nis certificate has nached for use o Dept. of Health pr	BDICAL	OR CONTRIBUTING CAUSE OF DEATH  (If either, notify medical examiner)  HOUR A.M. Month Day Year  P.M.  19												
G PHYSICIA the hospitol this certifica detached fo te Dept. of H	at	Nhile Not while of work			IOME, FARM, STREET, EAC CE BUILDING, ETC	0	CATION Street	or R.F.D. No.	City or Town		County	Stote		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	2	220. I certify that (I) (this hospital) ottended the deceased from 19 6 and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body offer death.												
L OR ATTENI T be retained DIRECTOR: A gge 3 should iled with the		22b. SIGNATURE 3 MED. STAFF DIRECTOR DI												
TO HOSPITAL OR Page 4 may be TO FUNERAL DIR director, page 3 should be filed		22d. PHYSICIAN'S NAME (Type) DR. BLANE SCHINDLER  22e. ADDRESS 43 GREENE ST., CUMBERLAND, MD.												
TO HOSPI Page 4 n TO FUNER director, should b	R		June	10,1969			Cemete	ery l	location (city)	ncock.		(Stote)		
VR A15 440	24. FU	James F. S	carp	elli, Cu	address umberlan	d, Md.		DATE UN 1 1	1969 25b	REGISTRAR'S		or :		

MILESTER STATE OF THE STATE OF 07170 80770 SELECTION ASSISTED IN THE SELECTION OF T 0001=11111 FURL JANS MACLASON PARAOLISMO MANUSAUMO A MATERIAL THE NEW YORK BURNING YORKSTIAL OF TENERGINE ATTEMO, TENERGE METAL METALOGIST TENERAL MATERIAL DESTRUCTION OF THE PROPERTY O Dr. Mindreschindies de Graede St., surberland, W. Burlal June 10,1059 Mt. Oliver Constany Herr Maneson, Md. denote it depended the contract of the contrac